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EDITORIAL COMMENT



PUBLIC HEALTH LEGISLATION

THE agitation is becoming almost universal for requiring a health certificate before marriage. This of course has for its motive prevention of the spread of certain diseases and an effort to control the propagation of those physically and morally defective. Bills to this end are reported to be before the legislatures of California, Oklahoma, Idaho, Indiana, Michigan, Wisconsin, Ohio and Pennsylvania. Another movement which is attracting considerable attention is the effort to provide by law for the sterilization of criminals and feeble minded. All of such measures are of special interest to nurses, who should lend them their support when they are under consideration in their states. No class of people knows better the awful burden to a family of having even one such defective within the home circle to be cared for, aside from the economic aspect of the question. Recent statistics are showing that a large proportion of the revenue of many states is having to be used for the institutional care of criminals, feeble-minded, and insane. This expense should be lessened, not by giving less care to such unfortunates, but by reducing the numbers needing care in the way suggested above and by better immigration laws, many of these charges being foreigners.

PROGRESS OF STATE REGISTRATION

AMENDMENTS to the laws for state registration are now under consideration in Massachusetts, New York, Illinois and Oklahoma. New

bills are being introduced in California, Montana, Kansas, Arkansas, Ohio and Florida.

We want to remind nurses in all these states that the success of any legislation depends upon the influence brought to bear by each legislator from his home centre. If the voters and the nurses in a legislative district have not impressed upon their representatives that the measure is important and that they wish him to support it he is very likely, when the measure comes up, to turn it down as something in which his home people are not interested, consequently every nurse is of importance in a legislative campaign. She can write to her representative, asking his support, she can interest her male relatives and friends, and she can obtain signatures of physicians and prominent men and women of the community in support of the measure, such petitions to be sent to the senator and assemblymen of her district. The more a man is importuned by his constituents in regard to any bill, the more likely he is to be interested and to work vigorously for its support.

It may be readily understood that legislators who come from somewhat isolated districts are more difficult to reach and are less likely to be informed of the importance as educational measures of such bills, consequently nurses in small towns can often do single-handed greater work for the cause than those in the larger cities.

AFTER TEN YEARS

It is now ten years since the first bills for state registration were passed. When the pioneers in such movements began they had before them no precedents in this country to follow. We were not as closely united or as perfectly organized as at the present time and it was with difficulty that members of working committees could reach nurses in every legislative district of the state. Now we find all of this changed. It is perfectly possible for the chairman of a legislative committee to know almost to a man the sentiment of every member of a legislature. She can reach the nurses of the state quickly, and having been selected for this peculiarly trying office because of her broad knowledge of the nursing affairs of the state, she can be in almost personal touch day by day with her associates in every legislative district. If the members of every degree stand shoulder to shoulder, ready to co-operate with her in a manner made possible through this closer organization, there should not be the prolonged struggle in securing new laws or amendments that was universally the case during the earlier years of the registration movement.

State registration has wonderfully strengthened the links of all of our organization life. Ineffective and inadequate as most of the laws

have been, the results during these ten years, considered as a whole, will stand out conspicuously in the educational development of nursing, and will be more appreciated in a period of years than they can be at the present time.

With so much legislation in process we want to speak of one thing which robs the work of much of its satisfaction for those who are actually in the field, which is the habit of destructive criticism on the part of great numbers of nurses who are giving no active co-operation along these lines. We think those who are rendering active assistance are justified in making what is generally called constructive criticism,— comments on or even condemnation of the work of others which they feel is detrimental to the cause: provided they can suggest a better way and are willing to share in the work which the changes brought about by their criticism would involve. But those who are so absorbed in their own work or interests that they have not allowed themselves to become identified with nursing affairs, should show their fellow workers the courtesy of silence if, after strenuous labors, the results are not all that have been anticipated. This principle applies equally well to all lines of nursing work, whether in connection with *alumnæ*, county, state and national associations, central registries or club houses.

For the comfort of those who do their best, and whose reward is criticism, we repeat a remark made to us once upon a time by a prominent business man and philanthropist: "Show me a person who has never been criticized, and I will prove him to be a nobody."

NEED OF A NATIONAL BADGE

THE request has come from the state of Oklahoma that we should put before the members of the American Nurses' Association the consideration of the adoption of some uniform badge or insignia to be worn exclusively by registered nurses, not of one state, but of all where laws are in force. The suggestion also comes that the states shall send their representatives to Atlantic City prepared to discuss such a plan. Of course we cannot say that this subject would have place on the programme but it is a matter about which all registered nurses should be concerned, and if some plan could be devised by which some uniform badge can be adopted, it would seem to us a better arrangement than for each state to have its own pin for registered nurses. A number of states have already adopted some such device.

It has many times been suggested that there should be a national uniform for private duty nurses which should be patented, but this we know would be quite impossible to bring about as even the uniforms of the officers of the United States army and navy cannot be safeguarded

so that they are not imitated so closely that only an expert would fail to be deceived. But though feeling quite sure that a national uniform is out of the question for the registered nurse, we think there is no reason why some simple device, as inexpensive and inconspicuous as the button of the Legion of Honor, and to be worn with as great pride and sense of obligation, should not be adopted.

AN APPRECIATION

OUR older readers will miss from this issue of the JOURNAL our "Notes from the Medical Press." Miss Scovil, for the first time in her thirteen years' connection with the magazine, is unable to send in her material, owing to the serious illness and death of a member of her family. In making this explanation, we take occasion to express our appreciation of the kind of service she has given the JOURNAL. Her department requires her to read each month the leading medical journals and to glean from them in condensed form such facts and suggestions as are necessary for nurses to be familiar with in order to co-operate intelligently with the physician in the care of the patient. Although Miss Scovil has retired from active nursing work and carries the burdens of a home-maker, and although she is at such a distance from the editorial office, her material never fails to reach us several days in advance of the date set for department material to come in.

What we have said of Miss Scovil's promptness applies also to Miss Dock, who, whether travelling abroad or tramping in the cause of equal suffrage, has never failed either to have her material ready on time or to notify us early that her pages may be put to some other use.

OVARIAN COMPLICATION IN PAROTITIS

A SUGGESTION which is new to us, but which may not be to all of our readers, has been brought out by Dr. Harlow Brooks, in a paper on "Involvement of the Ovary in Epidemic Parotitis," which appeared in the *Journal of the American Medical Association* for February 1. He shows that the sex organs of women may be affected during a siege of mumps as are those of boys and men. We judge from his paper that there is little literature on the subject,—the cases he cites are of young married women. He gives it as his opinion that while in 50 per cent. of cases in males, the generative organs are involved, a similar affection in women or girls, though rarer, is more common than had been supposed. It has probably often been overlooked, though the organs in women are so deep-seated that they are not as likely to become infected as in men.

THE HISTORY OF NURSING

AFTER some unavoidable delay, the third and fourth volumes of the History of Nursing are at last available. Our reviewing editor has given some idea of the scope of these volumes, which should be on the shelves of every training-school library and nurses' club, while those who are able to purchase nursing literature for their own use should not fail to secure these books at once.

The fact that in these volumes are recorded those events in nursing history in which women of our own time have had an active part will make the reading of them intensely interesting to both the older and younger group of nurses.

We wish to again call to the attention of American nurses the fact that Miss Dock reaps absolutely no financial return from the sale of these books, but the entire revenue is to be turned over to the treasury of the International Council of Nurses for the promotion of the work of that organization. Official membership in the International Council is necessarily small, so that it has not the revenue assured that local, state or national organizations may have. This makes Miss Dock's generosity the more to be commended by nurses everywhere as it will make it possible to carry on the international work without heavy demands being made upon either organizations or individuals.

THE PUBLIC HEALTH NURSE QUARTERLY

WITH its January number the Visiting Nurse Quarterly has changed its name to *The Public Health Nurse Quarterly*, and the publishers are announced as The National Organization for Public Health Nursing, instead of the Visiting Nurse Association of Cleveland, this being the first issue under the new ownership. The number of pages in the January issue is 106, against 62 in that preceding. The number contains interesting papers by Ella Phillips Crandall, Mary S. Gardner, Mary Ard Mackenzie, Robert C. Chaddock, J. A. Stucky, M.D., Katherine Tucker, and Adelaide Nutting. The headquarters of the magazine are still in Cleveland, and both the editorial and business management are, as formerly, in the hands of lay women. The tremendous growth of all departments of social service nursing, with the necessity, always, of close co-operation and association with organizations of laymen, give this magazine under its present management a very wide field.

We repeat the announcement made in the December JOURNAL of a combination subscription rate for the *Public Health Nurse Quarterly* with the AMERICAN JOURNAL OF NURSING for \$2.50, the subscription being sent to the office of either magazine. Any one wishing the *Pacific Coast Journal of Nursing* with the others may obtain the three for \$3.75.

FRIEDMANN'S CLAIM DOUBTED

MANY of our readers will remember the intense interest with which the results of experiments in the use of Koch's lymph for the cure of tuberculosis were awaited in this country about twenty-five years ago, and the disappointment that followed the demonstration of its use which was proven to be too uncertain to be of much value. For some weeks past the press has given great publicity to reports of the discovery of a serum by Dr. Friedmann, a German physician, who claims for his discovery all, and more, than Koch hoped for. The difference is that Dr. Koch gave his formula freely to the medical profession, while Friedmann has kept his secret and seems to be trying to obtain promises of great financial returns before making it known. This commercial attitude, and the fact that he is not a man of wide experience as a bacteriologist is making the members of the medical profession suspend judgment as to its possible value. It seems almost criminal to arouse such an intense interest in the minds of the masses of those suffering from this disease before it has been clearly proven to be of value. We know from actual observation the pathetic eagerness with which a group of young men, representing all grades of society, pressed for admission to a hospital where it was known the Koch treatment was to be given, and the heart-breaking disappointment of the failure of the experiments.

RECOGNITION OF THE NURSING PROFESSION

A COMMISSION of eight persons has been appointed in New York State by Governor Sulzer for the purpose of investigating health conditions, whose membership is as follows: Dr. Herman Biggs, chairman; Homer Folks, secretary; John Kingsbury, Dr. Edward R. Baldwin, Ansley Wilcox, Adelaide Nutting, Dr. John C. Otis, and Dr. W. E. Milbank. So far as we know this is the first time such recognition has been accorded the nursing profession.

SUFFRAGE COMMITTEE OF NURSES

ALTHOUGH this issue of the JOURNAL will not have reached all of its readers until after the 3rd of March, many of them will still be interested to know that in the suffrage procession which took place on that date, trained nurses occupied a special section. A committee having this section in charge is composed of Lavinia L. Dock, Estelle L. Wheeler, Isabel McIsaac, Jane A. Delano, Georgia M. Nevins, Reba J. Taylor, and Lily Kanely.

TRAINING SCHOOLS FOR NURSES IN THE NEW YORK STATE HOSPITALS FOR THE INSANE*

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OUR training-schools in the state hospitals for the insane are called "special," and are so classified in the reports from the Education Department. The nurse in one of these schools finds herself in the same situation as a certain physician, who, when asked if he was specializing, replied: "Yes, I am specializing on the skin and all it contains."

The more thought we give to the training of pupils for mental nursing and the needs of the mentally sick, the greater seems the necessity for those pupils to specialize in caring for the insane by acquiring adequate knowledge of all other diseases as well. Insanity does not render a patient immune to any kind of physical illness, and certain kinds of mental disease rest upon a physical basis. Helpless, indeed, would be the nurse who attempted the care of an insane patient without knowledge of the nursing required in physical disease, and even more helpless the one who attempts to care for such a patient with little or no knowledge of mental nursing, be she ever so skilfully trained along other lines. Both these forms of incompetent nursing have come under my observation, and it is difficult to say which resulted in less benefit to the patient.

A sane person suffering from bodily disease can derive some comfort from the attention of even the most unskilled, as he can direct his own care to a certain extent. It is not so with the mentally affected; he is often completely at the mercy of his caretaker, often wholly dependent for his comfort upon the correct interpretation of the peculiar manifestations of his disease. How necessary, then, that these symptoms be intelligible to the nurse, if the treatment ordered by his physician is to be of benefit, and if conditions brought about by the complete failure on the part of the nurse to understand his trouble are to be avoided.

The nurses actively engaged in caring for the insane are often surprised at the ignorance of the average general hospital nurse concerning mental disease. The latter knows simple febrile delirium and its

* Read at the eleventh annual meeting of the New York State Nurses' Association, Utica, October 16, 1912.

manifestations, but beyond this she is mystified and terrified by all forms of mental alienation. This natural surprise of the state hospital nurses is increased when they learn that of all beds devoted to the use of the sick in New York State, one-half, or approximately 32,000, are occupied by the insane, and are too few for the needs by several thousand.

Statistics show an increase of 104 per cent. in our insane population in the past ten years, while the population of the state has increased 52 per cent. in the same length of time. While this may not mean that insanity is rapidly increasing, it does show that more patients are sent to the hospitals and are receiving nursing care. Add to this the number cared for at home. One neurologist states that 20 per cent. of his cases could not possibly be placed in hospitals, and that 20 per cent. more could be cared for at home if he could find a sufficient number of nurses capable of giving the kind of care necessary for their recovery. Then add the large number of nervous invalids, neurasthenics and border-line cases, all entitled to correct care and advice to prevent their going on to active insanity,—and I think you will agree with me when I say that the young woman who adopts the profession of trained nurse and does not familiarize herself with the needs of the nervous and insane, cannot quite “read her title clear,” as she is not prepared to do her whole duty by the sick.

In the home and in the state the problem of mental disease is one of the greatest and most far-reaching with which we have to deal to-day. Why has this saddest and most blighting form of disease failed to make its appeal to more of the women who enter schools of nursing? Let us glance briefly over the field and see if we can find the reason. We need not speak of the primal origin of this disease, for insanity is older than civilization. History tells us that, with the exception of certain humane periods during the time of the highest civilization in Greece and Rome, the insane up to the most modern times were the subject of superstition, abuse and neglect. Driven into the fields and forests to die of starvation, or later burned as witches, feared and shunned because they were supposed to be possessed of devils, the story is nearly always the same, nothing done to help them, everything done to persecute and destroy them.

In the last half of the eighteenth century we read, for example, of a hospital, Bethlehem, in London, England, where an attempt was made to care for them. The horrors of this place, “Old Bedlam,” as it came to be called, have been depicted or alluded to in the literature of a hundred years, when a London holiday was incomplete without a sight of the

lunatics in Bedlam, which could be had for a small fee, with the privilege of poking at them through the bars of their cages to make them rave and run the length of their chains, if perchance the sightseer came upon them when exhausted nature compelled sleep.

A few years later, curiously enough, a movement for their better treatment took place almost at the same time in different countries, and we read of Tuke in England, with his humane retreat at York; Pinel striking the shackles from the maniacs at Bicetre, Paris; Jacobi in Germany, and Rush in America. Each of these remarkable men achieved his task uninformed of the action of the others, helping to inaugurate a new epoch in the history of the treatment of the insane, substituting in the place of restraint and force, the largest possible degree of liberty.

Following this, we find several asylums for the insane in America, in which improved methods were used, and yet, an almost universal ignorance, superstition and apathy still held the minds of the people everywhere in regard to this disease. About this time, in 1841, Dorothea Dix began her unrelenting, untiring labors for the improvement of the insane and succeeded in creating a new and effective public sentiment, and finally in getting this sentiment embodied in positive legislative action, whereby nearly every state in the union provided for the erection of buildings for the insane.

The first recognition by the state of New York of the principle of state care was the establishment of the State Lunatic Asylum at Utica in 1839, now the Utica State Hospital. Prior to that time, and for years subsequent, owing to a clause in the charter of the institution by which incurable cases were debarred from its benefits, many insane continued to be cared for in the county poor houses and jails.

In 1864, Dr. Willard made the following report of an investigation of the condition of the insane poor in county asylums:

"In some of these buildings the insane are kept in cages and cells, dark and prison-like, as if they were convicts instead of the life-weary, deprived of reason. They are in numerous instances left to sleep on straw, like animals, without other bedding, and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them; they are pauper lunatics and shut out from the charity of the world, where they could at least beg shoes. Insane, in a narrow cell, perhaps without clothing, sleeping on straw or in a bunk, receiving air and light and warmth only through a rough prison-like door; bereft of sympathy and social life, except it be with a fellow lunatic, without a cheering influence or a bright hope for the future, the violent have only to rave and become more violent and pace

in madness their miserable apartments. These institutions afford no possible means for the various grades of the insane,—the old and the young, the timid and the brazen,—the sick, the feeble and the violent are herded together without distinction as to the character or degree of their madness, and the natural tendency is for all to become worse. In some violent cases the clothing is torn and strewed about the apartments, the lunatics continuing to exist in wretched nakedness, having no clothing, and sleeping upon straw wet and filthy with excrement, and unchanged for several days."

It was not until the passage of the State Care Act, brought about by the combined efforts of the New York State Medical Society and the State Charities Aid Association, in 1890, that this pernicious system was discontinued. When we shudder at the condition of the insane centuries ago, we have to remember that in 1889 in New York State, one keeper of a county asylum stated with pride that he maintained the insane of his county at a cost of 90 cents a week per capita, or less than 13 cents a day.

Conditions similar to those described in Dr. Willard's paper were found in 1890, during an investigation of twenty-three county asylums by a State Commission. The report of this Commission resulted in the transfer of every patient in these institutions to state care.

We to-day can scarcely conceive of such a movement taking place without the assistance of trained nurses, and if such a movement were to take place to-day and if state hospital nurses were not available, the patients would be as uncared for as twenty years ago. The doctors, philanthropists and humanitarians all recognized the needs of these patients and were anxious to help them, but the trained nurse evidently considered it no concern of hers. Why? It was not because they were poor, dirty, and in most repellent circumstances; nurses have never been known to shirk the care of the bodily sick under like conditions. Nurses did not consider them sick, have never been sufficiently taught to so consider them since, and do not now realize it. This is apparent from the fact that but two or three general hospital training schools in New York State have arranged for the teaching of this branch of nursing. A few give a short course of lectures, and the majority, many with a three-years' course, do not include even theoretical instruction in their curricula. And here I think we have found the reason for which we have been looking, the chief reason at least. Had the trained nurse realized it then, and could we have had at that time the services of women experienced in training-school work, women with vision to see the wonderful development possible, and with the broad judgment and tolerance necessary to carry it through, who shall say what the status

of the State Hospital nurse would be to-day? Indeed, the status of any trained nurse in New York State.

However, the doctors in charge of the hospitals at once recognized the necessity for instruction to the attendants, and set about organizing schools. A training-school committee was formed, a schedule of instruction planned to be carried out uniformly in each hospital, with examinations to be held at regular intervals, and diplomas to be issued to those qualified at the end of two years.

And thus we find a record, in 1896, of three hundred and twenty graduates, and there has been an average yearly output of one hundred and seventy-five nurses from these hospitals since, making a total of two thousand seven hundred and ninety-seven in sixteen years. This, of course, does not include the graduates of 1912.

Now the results obtained usually show the measure of fitness for work undertaken. Let us see what these nurses are doing, and with what success they have competed with the general hospital nurse. First, the insane of New York State have been cared for with ever-increasing efficiency and comfort, to such a degree that the longevity resulting is a factor to be reckoned with in housing these patients. The majority of the graduate nurses are married, showing a successful competition there, and about one-third of these married people have remained in the work. One-half the remainder, or about seven hundred and fifty are employed in hospitals for the insane. The others are engaged in private nursing or are employed in other institutions and general hospitals. Here I may speak with authority only of the graduates of St. Lawrence State Hospital, as I have not collected information about the others. I have no doubt their record is equally as good. We find these nurses usually in executive positions, as matrons of large institutions, such as Craig Colony for Epileptics, the Newark Institution for Feeble Minded, St. Lawrence State Hospital, Manhattan State Hospital, Hudson Reform School, as superintendents of hospitals for the treatment of tuberculosis, superintendents of training schools in general and state hospitals, engaged in district and school nursing, superintendents of psychopathic hospitals, wards and detention pavilions; several are doctors, a few dentists, and the rest are largely doing private nursing. I mention these various fields in which they are working to show you that with or without a complete training, there was something in these hospitals and in this work which developed a wonderful executive ability and adaptability. So much for our past.

For a general consideration of our present, we find that the majority of these schools are under the direction of superintendents of nurses and are conforming as nearly as possible to the Regents' requirements by

affiliating with general or special hospitals for practice in obstetrics and children's diseases. We are meeting the educational requirements on the same basis as other schools. The nurses are taking the Regents' examinations and receiving their share of honor marks.

In looking more closely into our present condition, we will first consider our shortcomings, especially those which are pointed out by people not engaged in the work but interested in our improvement. There are several counts in the indictment to which we plead guilty, although I am glad to say we are able to show improvement along all lines criticised. First: We admit pupils to our schools without the required educational qualifications. We have done this in the past in about the same proportion as many general hospitals, but have never admitted any one without a preliminary examination. In the past two years the majority of the nurses in the school in which I teach have had more than the required amount of high-school work. We have only allowed those nurses to take a preliminary examination who showed evidence of being able to make up the required counts or their equivalent before graduating. Second: Our hours are too long. They are, altogether too long. No nurse should work more than eight hours, but this is a regulation for all the state hospitals and cannot be changed as quickly as we could wish, or as if it were a local ruling. Third: The work is too laborious for nurses. It is. A rearrangement of work with a better proportion of attendants to nurses, and with not more than fifty-six hours a week on duty, is desirable. Fourth: Not enough distinction is made between the nurses and attendants. Our nurses have a different uniform, separate dining-rooms, and do not room on the same floors as attendants. Fifth: The attendants leave the hospital and practice as trained nurses. Not many instances of this kind have come to my notice, though it may be true. We all know that as a rule a dismissed pupil from any school can find employment as a nurse. This the state hospital cannot control. Sixth: Not enough practice in physical nursing. This is true only of certain branches.

Let us leave the consideration of our defects for the present, not to pass over them lightly, not forgetting them—we do not wish to do that, and Miss Goodrich would not let us if we wanted to—but to consider our assets as a training school for nurses and determine what we have in the state hospitals at present that makes for the ideal training school, as held up by the Education Department. As this ideal was originally formed from a consideration of general hospital nurses only, we shall compare our teaching and its results in value to the pupil, and the patient for whom she cares, along general hospital lines as far as possible.

The trend in medicine has somewhat changed in the past few years, and with the general recognition of natural agencies in combating disease, fresh air, water, diet, sunshine, rest, recreation, etc., treatment by drugs no longer occupies the place it formerly did. Hence, those things which constitute the greater proportion of nursing measures are now more nearly agreed upon, and we find them the same in all hospitals.

In the application of these measures we find three divisions in which the State Hospital does not provide sufficient *practice*, namely, obstetrics, children's diseases and surgical nursing. We are trying to remedy this by affiliating with other schools having an abundance of this work. The value of the state hospital nurse in affiliation along these lines should not be underestimated. In fact, if these nurses have been properly prepared, they should prove extremely valuable to any hospital. In preparation for our affiliation in obstetrics we give a carefully prepared course of lectures, and we have a number of cases in our hospital each year, with which our theoretical work is demonstrated. The pupils have an opportunity of observing the pregnant woman during gestation, to make complete preparations for and assist at the confinement, and to plan and even make the layette. No child born to luxury is ever more eagerly watched for, warmly welcomed, or carefully nurtured than this tiny stranger by the nurses who must stand in a closer relation to it than its strangely alienated mother. Such preparation ought to count.

The majority of our hospitals have modern, well-equipped operating rooms, where the surgical work done is about that incident to any town of from two to five thousand people. Here instruction is given and drill maintained until the pupils are ready to assimilate any experience which may come to them in private or hospital work. In preparation for affiliation for pediatrics, we give the suggested course of lectures, and all special treatments are demonstrated properly.

With children, what nurse so valuable as the one who combines her sure knowledge of physiology and anatomy with skill in massage and Swedish movements? Add to this her ability to interest and amuse her little charges from her store of kindergarten work, so largely used in the re-education of many of our patients, and her value is increased.

Again, what nurse so acceptable to the convalescent as the one who, from her experience in the occupation classes, can teach her some new game or interest her in some unusual form of needle work, basketry or other handiwork, to while away the tedious though comfortable hours?

What nurse so well prepared to care for the travelling invalid as the one accustomed to bringing patients to our hospitals, looking after the innumerable necessities of transportation, the handling and packing of clothes, the strict economy of time and money expended?

The pupil from the state hospital school has always been credited with good housekeeping ability. This, combined with her industry, makes her valuable in ward management. It seems to me that a nurse with such preparation should be very acceptable for affiliation.

Of general medical cases, including infectious, contagious, venereal, alcoholic and drug, we have our full share for practice in the state hospitals. Of diseases of the brain, spinal cord, and nervous system, with partial or complete paralysis, and the attendant deformity of bone and interference with all functions of the body, resulting in that class of helpless cripples and bed patients requiring the closest and most exacting care from the nurse, we have more than our share.

As an integral part of our hospital system is found the separate tuberculosis pavilion, where the nurse has an opportunity to put into practice all prophylactic and remedial measures advised in the treatment of this most prevalent disease. Dietetics at St. Lawrence is one of our strongest features. We have two well-equipped diet kitchens where the nurse supplements her lessons in the chemistry and theory of cooking by a month's practice. We could just as profitably close our sick wards as our diet kitchens.

In regard to teaching the subjects that must remain largely theoretical in all schools, we have special advantages. Our teachers and lecturers are all resident and paid. Every period must be filled and we never need depend on a busy practitioner for this. The staff is usually large enough to enable us to select from it the doctors best qualified and most interested in the subject to be assigned. You will find few state hospital nurses unable to pass a creditable examination in physiology and anatomy. The abundance of normal and pathological material as an aid to teaching, and the frequent and regular attendance at autopsies, make this possible. Teaching materia medica is a simpler problem in our hospitals than in many schools, because of our large drug room and resident pharmacist. For bacteriology and analysis, there is always a laboratory with a pathologist and clinical assistant. As for hospital and household economics, there is no school where theory and practice can be so well given.

So far, the State Hospital course runs along parallel lines with the general hospital, or can be made to,—the strength of either one supporting the weak parts of the other. Here I think the comparison must cease, as the two lines diverge sharply in certain parts of the work, and we can not compare dissimilars.

The study of the symptoms of mental disease and their very special significance, the unusual and special measures employed for their allevia-

tion, as yet remain wholly within our own schools, and the nurse who values this experience as a part of her training must seek it there.

I do not say that all the material of which I have spoken is used in all the state hospitals, but I do say that it is there to be used. To use it wisely and with benefit, we need the right women in the work. We shall get the right women when pupils in general hospitals are taught the value and importance of this branch of nursing. When this is accomplished, the solution of many problems that vex us in arranging the training school work in state hospitals to-day will be found.

Who is the trained nurse, by what signs we shall know her, is not yet determined. I venture to predict that in the future the ability to care for the nervous and insane will be *one* of the hall marks.

For our future, bright hopes. We readily admit that our experience is of sixteen years only, and we rejoice in our youth since it leaves still with us the men who have shown such wonderful ability as organizers and administrators in developing this great movement for the care of the insane in the most efficient and economical manner. They are willing and anxious to give their time and best thought to the improvement of our training schools. Their better judgment, resulting from this large experience, stands between us and the consequences of ill-advised haste for improvements, and their enthusiasm without sentiment carries us far along the way.

We must not think of the future in terms of the present. Situated as most of the state hospitals are, with spacious grounds, healthful surroundings, splendid sanitary arrangements, every provision for recreation and amusement, good libraries with a resident staff of teachers, and abundant material to be utilized, we see the state hospitals as teaching centers.

Conditions are very rapidly changing in the state hospitals and nurses must change with them. The nurse, as well as the physician, must look beyond the patient as such, to the social system of which he forms a part, and must necessarily become more and more concerned with conditions which bring about a mental breakdown.

I quote from a paper entitled "The State Hospital at the Parting of the Ways," read by Mr. Homer Folks, Secretary of the State Charities, at a conference of hospital superintendents and managers with the State Hospital Commission on September 6th last, in which he speaks of the path which "Leads to increasingly close relations between the state hospital and the communities in which they are, increased popular knowledge of, and popular confidence in them, increased service on the part of the state hospital to a wider range of community needs, increasingly

valuable contribution to the development of this particular portion of medical science. In short, to a continual adjustment of the state hospital to changing social conditions, and constantly greater service to the people of the state." He emphasizes the necessity of the open door in state hospitals; our interest in, and care of patients, no longer to be intramural; that the hospital should extend its service beyond its walls.

When the people interested in this movement of prevention and after-care are at work, they will find the state hospital nurse standing at the "Parting of the Ways," well prepared to do her share, to go into the field as a missionary, teaching that insanity is a sickness, sometimes to be prevented and sometimes cured, and preaching the conservation of mental health.

I have very imperfectly sketched our work as nurses in the past, our present endeavors, our future possibilities. I feel that nowhere can the student mind be more stimulated, or that by-product of every-day life, character, be more strongly developed than in these hospitals. Ruskin says, "We are not sent into this world to do anything into which we cannot put our hearts. We have certain work to do for our bread, and that is to be done strenuously; other work to do for our delight, and that is to be done heartily. Neither is to be done by halves or shifts but with a will, and what is not worth this effort is not to be done at all."

Into this, more than any other line of nursing, must we put our hearts if our work is to bring us any measure of delight. They who go into it find many Hills of Difficulty, even many Sloughs of Despond—but it is a satisfying service and as yet the laborers are few.

THE CARE AND FEEDING OF BABIES *

By MARION BALFOUR CHALMERS
Graduate of the City Hospital, Akron, O.

(Continued from page 365)

I should like to quote from an article on the "Fundamental Principles of Pediatrics," by Dr. Henry Dwight Chapin of New York. He says: "A large part of the sickness among infants in hot weather may be due to ineffectual cooling of the living animal motor. Imagine an infant on a hot day, lying in a crib surrounded by curtains. Air movement is stopped, and the atmosphere around the infant becomes so saturated with water vapor, from evaporated perspiration, that no more can evaporate, with the result that the infant's cooling system breaks

* Read before the Tri-County Nurses' Association, Akron, Ohio.

down and vomiting and diarrhoea may ensue. When an infant has been subjected to conditions such as render it unable to liberate its heat properly, the treatment that has proved most successful is to stop all food temporarily, thereby reducing heat production; to give baths to remove heat; to keep it quiet to prevent the expenditure of energy, which liberates heat; and to send it into the country where the air is cool or dry or in motion. Then, unless there is acute poisoning, recovery usually takes place. No doubt bacteria play an important part in the summer sickness of infants, but as they are present in food at all seasons of the year, it is evident that heat gives them an advantage over the infant which they do not possess in cooler weather, or when conditions are favorable for the infant to rid itself of the heat. Restoring the infant to normal action causes the bacteria to lose their effect." Hence the importance of knowledge that will make us more useful as nurses in preventing, to a large extent, these summer diseases that are so fatal to the babies.

Knowing very little about the artificial feeding of babies, I embraced the opportunity of a six-weeks' course at a sanitarium for sick babies, during the summer of 1906, and have found that experience invaluable. Of course we know that the same rules cannot apply to sick and well babies. Nevertheless, the principles taught and knowledge obtained for the former have stood me in good stead in feeding the latter.

Perhaps it would interest you to know a little about the methods used there and the results obtained. To begin with, this sanitarium is a charity institution, and the class of patients admitted are from the slums, reeking with poverty, filth and disease. The diseases are confined to ileo-colitis, cholera infantum, dysentery and malnutrition.

On admittance, the patient is examined by the physician in charge and prescribed for. The treatment consists of a dose of castor oil and complete rest from food for twenty-four hours. Water is given freely. If stools are frequent and mucus, then a hot colonic irrigation—mostly normal salt solution—is administered by the physician in charge, as he understands the gentle method of doing so. If hemorrhagic conditions are present, solutions of fluid-extract of witch-hazel, tannic acid and other astringents are used for irrigation. The babies are clothed in harmony with Dr. Chapin's ideas—just a calico slip and a diaper in very hot weather, and extra clothing if the temperature requires it. They are kept out-of-doors from early morning until late in the afternoon, only being brought in for special treatment. Fresh air is considered one of the prime factors in combating these diseases. If the night is warm, all bed-covering is removed, and the babies do not catch cold. This was

quite a revelation to me for I had always been taught that a light covering at least was necessary. I do not recall any other medication than stimulants as required. On the second day an albumen diet is started and continued for twenty-four hours or longer. Next advancement in the diet is dilute skim milk. The diluents used are sterile barley, rice and oatmeal waters, and are prescribed according to the age and needs of the child. I am told that rice water was preferred in most cases last year. The stools are watched carefully, and when the food is digested changes are made in either quality or quantity. The first formula reads: "One part skim milk to three parts water." Dilute whole milk is used when convalescence is well established. We were taught that in all cases of bowel trouble the food given should be free from fat. Some of the babies who could not digest the milk were fed whey, with very good results. The milk used for the babies is obtained from cows at the farm, and every effort is put forth—both hygienically and scientifically—to produce the best results. Of course, baths are a part of the treatment.

If you could imagine one of the most beautiful spots in "God's green country," with a highly exhilarating atmosphere, then, with a knowledge of the class of patients admitted, their condition and treatment, you would not wonder that the rate of mortality is low,—about seven and one-half per cent. I leave to your imagination what a great help an experience of this kind would be to a nurse in private work. Of course there are times when she feels hampered by this knowledge, especially if she is working with a physician who is not in harmony with this line of treatment. However, I believe that the majority of physicians are ready to adopt the new ideas and practices of men who have given this most important subject the closest of study and investigation, in order that they may combat and stamp out these diseases which make infant mortality so great.

I well remember my first experience after returning from Mt. W——. A baby, not quite a year old, had been ill for eight days with "bloody dysentery," was restless, with temperature running from 100° to 101°, and having frequent stools of mucus and blood and great tenesmus. The physician had prescribed a bismuth mixture—one teaspoonful every three hours—and a diet of Mellin's Food, four ounces, with a dessertspoonful of cream at each feeding. Having been taught that a condition of this kind required temporary rest from fat and that the baby be kept out-of-doors, and knowing the efficacy of irrigation, you can imagine my position in the case. According to professional ethics, I should have given up the case. The parents happened to be friends of mine and to do so meant to offend them. Then, here was a life at stake, and I felt

that it would be criminal to desert it. It was with the greatest of reluctance that I gave the food. I assumed the responsibility of keeping the baby out-of-doors. The physician shook his head at first but did not emphasize it by saying "No." A few days afterward he advised irrigation and a solution of fluid-extract of witch-hazel was used three times a day. The frequent stools continued, evacuations numbering ninety-six the first week, and the baby was losing ground. A consultation was requested by the parents, and everything was talked over except the diet. Later on, when the physicians were discussing the case and had asked me into the room, in desperation, I begged to know if the family physician did not consider the cream in the food responsible for the frequent stools. He thought not, but the consulting physician remarked that he was suspicious of cream in bowel trouble, and the result was a compromise and a change in the diet to condensed milk, one-twenty-fourth. We are told by the best authorities that this is the best of the proprietary foods for temporary feeding. The change was beneficial to the baby and, combined with fresh air and irrigations, resulted in a complete recovery.

During the past five years I have had many interesting experiences in caring for sick babies and in feeding cases, and each one brings with it a realization of the importance of a deeper knowledge along these lines. I am still a student in the school of experience and never expect to reach the goal of a finished education.

In conclusion, I would like to tell what this contact with babies has done for me personally. Recognizing the handiwork of the great Creator in their little bodies has created in me a personal interest in each one of them. I am convinced that they are the most intelligent, responsive and appreciative of all created beings; that their rights are as substantial and material as my own, and demand recognition; that their cries are appeals for co-operation, and that to neglect them is criminal. Further, that the building material for these little bodies, whether in sickness or in health, must be wisely and carefully chosen, and that if intelligently fed, clothed and cared for, infant mortality would be on the decrease and a healthier generation established. In sickness I have found them to be most interesting patients, enduring suffering with a remarkable display of patience that would put many an adult to shame. This has inspired me to re-establish my faith in that old adage, Patience never ceases to be a virtue.

This close association with my little friends has enabled me to become a broader-minded woman, and has kept me well and happy in the service of nursing, a genuine tonic, if you please, and I esteem it a privilege to be enlisted in their behalf, in the warfare of life and death.

MEDICAL GYMNASTICS IN LOCOMOTOR ATAXIA

THE FRENKEL AND OTHER EXERCISES *

By H. V. BARCLAY, M.D.

THE importance of training and regulated exercises has been understood since the earliest times, not only for the purpose of developing the body and bringing out its highest efficiency, but also as a means for restoring lost health. The history of gymnastics is very interesting. The honor of being the first to systematize exercises according to scientific principles in modern times belongs to the Swedish philosopher and poet Per Henrik Ling (1760-1840). With support of the Swedish government he founded, in 1813, The Royal Central Gymnastic Institute at Stockholm, an institution which ever since has been the principal seat of learning in the world for gymnastics, ordinary and therapeutic, including therapeutic massage. His system was introduced in this country about 45 years ago by the brothers, Drs. Robert and George Taylor, under the name of the Swedish Movement Cure, a name which on account of misuse and associations of doubtful character I regret to say, is no longer a fit name to use.

Important improvements and further developments have been made since the time of Ling, both in Sweden and elsewhere. Among them I may mention the Zander machine gymnastics, a system by which the Ling exercises are applied by means of machines, ingeniously constructed and delicately gauged. Zander Institutes are established in most large cities in Europe and America. The so-called Schott or Nauheim exercises are but an adaptation of the Ling exercises for chronic heart disease.

The Frenkel exercises, which we shall now consider, are of more recent date and form a decided advance in the treatment of tabes or locomotor ataxia. They are based upon the cognizance of the fact that the sensory nervous system plays a most important and essential part in the execution of the movements. Physiological experiments and researches have proven that the phenomena of sensation are not related merely to the skin, but to nearly all other organs, although somewhat different in kind and character. Now so far as the motor apparatus is concerned, we speak, for instance, of a muscular sense, by which we are able to determine the state of activity of a muscle; *i.e.*, the force, the speed and duration of contraction, which, furthermore, will enable us

* Lecture delivered to the nurses of the Neurological Institute, New York City, 1912.

to know the state of any number of muscles working together in co-ordination, and still further, the place, position and condition of that portion of the body to which they are attached. By this muscular sense and the sensibility existing in joints, we are enabled, under normal conditions, to know the exact position of our limbs, or other parts of our body, even without the help of vision; it is absolutely necessary that we should know it, since it is impossible for the will to direct proper movements, where the knowledge of the exact whereabouts of the parts to be moved is wanting. Now, in the ataxic person, this is always more or less wanting; sometimes in so mild a degree that the patient himself may not be conscious of it; sometimes, however, to such an extent that the patient declares that he is in absolute ignorance of the whereabouts of his limbs when he does not see them. This explains many of the peculiarities of ataxic movements, and also points directly to the lesion in this disease which, as we know, is to be found in the posterior or sensory tract of the spinal cord and consists in a slow degenerative process causing sclerotic changes with consequent interference, pressure and destruction of the nerve fibre cells and centres. Only in advanced cases does this process extend to the anterior or motor tract of the cord.

In order to understand it better, let us recall a few of the parts concerned in the normal execution of movements. Generally speaking, the action is this: that while certain muscles perform the movement, other muscles act as supports; but both the moving and the supporting muscles are subject to continual changes; so that before a movement is completed new fibres and new muscles have successively come into play, while others, in similar succession, have ceased their action. This goes on so smoothly and with such accuracy, that under normal conditions it is impossible to tell where one ceases and the other begins. This harmonious and orderly action in the execution of movements is what we understand by co-ordination.

In locomotor ataxia the case is quite different. Here the movements are apt to be interrupted, and attended with short stops. The patient may thus, in stretching out the legs, do it in three or more sectional pushes. The same will be observed in other movements, particularly in ab- and adduction of the bent knees in the lying position. It is due to the lack of muscular and joint sensibility above referred to. When one set of muscles is through with its part of the movement, the patient is not conscious of it; further action ceases; the limb is not moved; the action of gravity breaks it out of its course before the impeded sensibility finally brings it to his notice, when he tries to correct it and proceed with the motion.

A peculiarity, observed particularly in the first stages of the disease,

the so-called pre-ataxic state, is a certain stiffness or tension of the muscles above the joints, increased when the patient attempts to stand or walk with eyes closed. This phenomenon is instinctive, but at the same time quite voluntary of origin, and the reasons for it are: first, that it adds to his security of motion; second, that the strain of his tendons enables him to feel better the position of his limbs and joints,—a condition, however, which naturally taxes the patient's strength greatly on account of the extra power that he is compelled to exert.

We observe a tendency in ataxic persons to perform quick movements. When they walk, they throw their legs out quickly and to the side. This is because they instinctively try by quickness of motion and by keeping the legs apart to overcome their unsteadiness. Another peculiarity is the suddenness and the quickness with which they fall. Apparently they fall without the slightest notice. The explanation is easy, however, when we remember how difficult it is for them to know and to keep control of the exact position of their knees, and thus when it happens that these become flexed, ever so little, unguardedly, down they go before they have time to recover and restrain the downward movement, having the force or power to prevent this, when used in time. To guard against this accident, we find that tabetic patients keep their knees hyper-extended. But examining more closely, we observe that this hyper-extension is often of an abnormally large degree, i.e., more than is possible for any person normally.

Here we come to still another peculiarity, always present in greater or lesser degree in locomotor ataxia; viz.: hypotonia,—a strange, loose, or lax condition of one or more joints. Hypotonia is due to a partial or total loss of the natural tension existing normally in all muscles, and which we know serves to steady and support the joints, both when in use and when not in use, and is not due as has been supposed to relaxed ligaments or joint capsules, which, however, may suffer secondarily. In the knee it occurs chiefly as hyper-extension, due to slacking of the flexor muscles, but may occur in both flexors and extensors of any joint, even in the back, often making it possible for these patients to perform unusual feats; for instance, lying on the back, they can, with the greatest ease, raise their legs with straight knees, upwards and backwards much farther than normally, even so that their toes may touch the pillow upon which the head rests. Hypotonia is not a condition which produces ataxic movements *per se*, but causing the joint and thereby the body to deviate from the normal position, it throws it out of its balance and adds greatly to the difficulty of maintaining certain positions and in the execution of movements, the extraordinary excursions and deviations of which are further increased and made even more irregular.

The man who has recently gained much prominence, and deservedly so, in regard to the gymnastic treatment, is Dr. H. S. Frenkel, of Heyden, Switzerland, above referred to, whose new system of compensatory training therapy, has achieved important results.

To call this method a new system is not entirely correct, since his exercises in principle do not differ from ordinary gymnastic exercises prescribed for such conditions, but they rest on a true understanding of the motor problems of this disease, and the pathology behind them, so are especially formulated to meet the great motor difficulty, viz.: the deficiency of co-ordination which, as we have heard, is due to loss of muscle and joint sensibility, and appears as loss of balance and inability to properly direct movements of the affected parts. The aim of the exercises is therefore to train the patient in directing his movements, to properly show him how to obtain and maintain his balance, and have him go on with the exercises until as nearly as possible he re-acquires the correct habit of executing them, on account of which they are also spoken of as re-educational training movements.

This is the great achievement of Dr. Frenkel, through which a most valuable complement has been added to the system of general medical gymnastics.

As to the possibility of re-establishing function in the pathologically-changed parts, *i.e.*, the posterior sensory tracts, we know very little. It does not seem possible, at least where great or total destruction of nerve tissue has taken place; but the Frenkel method of training which is symptomatic in character, does not concern itself much in speculation on this point. He reasons like this: the chief property of nerve substance is its power to receive impressions from the outer world, to retain them, and store them up, so to speak, and to be able to make use of them in the future, when required. This is accomplished first, by giving strict attention to the matter, be it of a physical or mental kind; secondly, by having it repeated the requisite number of times until acquired or learned. Now, this is what we ordinarily term "learning" or "education," and when employed in reference to body movements, it seems that, in order to obtain a certain movement, we must study it, and try to do it; then repeat it until learned, when it becomes our property. In support of this theory of training exercises, Dr. Frenkel says that this is really the way all co-ordinated movements are originally learned. At birth a child's movements are most irregular, but by repeated trials it finally learns to direct and master the movements of its limbs, learns to creep, to hold on, to walk, etc. By perseveringly trying a movement over and over again, we know also that most astounding feats can be learned; for example, the wonderful performances of

acrobats, the masterful use of the feet and toes where hands have been lost, the extreme fineness and delicacy of touch of the blind in compensation of lost sight—all showing the possibility of increased perfection and utility of other faculties in compensation of those lost.

Now this property or power of the nervous system of learning or training ourselves up to something, is what we make use of in the treatment of locomotor ataxia. We start in to train the patient, we teach him to perform movements that he has lost, beginning with simple and easy ones, going from them, when learned, to more difficult ones, and thus by degrees re-establish what he has lost as far as possible. (A method not different in principle to that of ordinary school gymnastics.) In this way, by making better use of what sensory fibres he has left (and there is no case where all forms of sensation are lost), he will by degrees learn more and more, better and better.

In the beginning, and in severer cases, always, the patient will be obliged to make good use of his sight, as this is his easiest compensatory means, and in bad cases his chief one.

To begin with, let me give a few simple general rules for the performances of the exercises. They must be executed with the greatest accuracy and precision possible, especially trying to avoid any stops or interruptions until the movement is completed. The movements are to be repeated daily until learned. Quickness of motion, to which there is a strong tendency must not be allowed until in the later stages of the treatment, when slow motions are well mastered, and speed comes into consideration as part of the treatment. The exercises must never be prolonged or repeated so often as to tire out the patient, and it is imperative at all times, particularly in the erect position, that he be well guarded from falls and injury.

Now for the exercises themselves. In a brief paper like this, obviously I cannot go much into detail, and it would also be uninteresting to most of my readers. The exercises, so far as the lower extremities are concerned, are performed either lying down, sitting, or in the erect position.

The lying-down exercises are the easiest to perform, because the weight of the body and its balance are eliminated; even the weight of the legs may be eliminated by holding the legs suspended by the hands of the attendant or by straps from a suitable apparatus. At first they consist of the simplest forms of movements, such as bending and stretching of the leg, to make it easier, the heel at first being allowed to rest upon the bed, later without touching it. The patient is then made to try more difficult ones; for instance, passing the heel of one leg along

the edge of the tibia of the other, at first touching it with the heel; later without; then he is told to practice placing his heel at certain designated points, for example, on the knee, then on the middle of the tibia, then on the toes of the other leg, to do which later he will have to bend the knee of his leg a little; similarly he may be told to place it under his other knee, at some place on the bed, in the physician's hand held at different places and heights, and so on; likewise he may use his toes for touching, instead of the heel. Ab- and adduction are also practiced in the lying position, either with straight or bent knees; in the latter position, interruption of movements is apt to occur. As the patient improves, more difficult movements and combinations of movements are tried; for example, bending one leg while the other is stretched out, keeping one leg bent while the other is being ab- and adducted, drawing both legs up while trying to hold a handkerchief between the feet; in this latter movement the sense of touch is brought strongly into play. Until now the patient has been supposed to see the movement of his legs. At the proper time he will require to try the movements without keeping his eyes on the legs.

The sitting position is not so well adapted for exercises as the lying and standing, on account of the limited excursions of the legs possible. The exercises will be similar to those in the lying position, besides which the patient has the opportunity to make his feet familiar with touching the floor, for the furtherance of which he is told to practice putting his feet down with some force. In the sitting position the ataxia of the adductors is well observed, as the tendency is for the patient's knees to fall aside so as to cause the feet to rest almost on their outer edges.

One of the hardest problems for the tabetic patient is to stand up from the sitting position, and to learn this well will require prolonged and careful practice. His tendency is to go backwards when he makes the attempt to stand up; he prefers to have the back of his legs touch or lean against the chair or bench from which he arises, so as to get some support from it and be sure to have it right back and under him in case he should fall,—what he always fears,—and lastly because the touch of the chair enables him to know the position of his knees better. But this is the poorest way he can select to get up; the principle of the movement must be explained to him; he must be told that in order to rise slowly, the point of gravity of his body must be directly over his feet, and to accomplish this he is told, first, to move his feet a little back and under him, then he must bend his body well forward, and then raise himself a little from the chair. In this manner he will have the point of gravity almost directly over his feet, even before he leaves the seat of

the chair, and with very little accommodation he finds his balance at this point, and not until then is he to straighten up. Patients usually understand and appreciate the correctness of this mode of performing the exercise; yet it may take them considerable time before they can actually master it.

The exercises in the standing position are, first, to train the patient to keep his balance in the main or fundamental standing position, with heels together, feet forming somewhat less than a right angle, keeping his body straight, shoulders a little back, chest expanded, and looking straight ahead, the arms hanging alongside the side of the thigh. In many patients a parallel position is the best on account of the strong tendency toward eversion of the feet. The different standing positions are practiced: one foot forward, sideways forward, sideways, sideways-backwards, backward, and even crossways, forward-and-backward; his attention is called to the fact that he must rest equally on both feet, a matter not easily accomplished, as one leg is usually affected more by the ataxia than the other and less to be depended upon; wherefore the natural tendency is to make use of the better one as much as possible. A constant over-use in this way of one leg and under-use of the other will cause the proportional strength and ability of co-ordination in the two legs to differ very much, and this is apt to increase rapidly. I need hardly mention that it is the weaker and most affected parts that will always receive the chief attention, with due care, however, to the amount of exercise they can endure without becoming tired. Next may be practiced the raising up on the toes, bending the knees, etc., in the different positions; the floor is often marked so that the patient can know exactly where he is wanted to place his foot. This is even more important when he comes to the walking exercises. Before these are attempted he is made to perform balancing exercises,—resting on one foot, taking a step forward or backward, and he is taught to shift the weight of his body with the motions from one leg over to the other; later he is made to take two or more steps, at first slowly. As an initial exercise, he may be made to walk sideways, as this is easier than forward, during which he must note carefully the way the body is balanced during the different phases of the movement. As he goes on improving he has to practice walking without looking at his feet, walking along a line, over obstacles placed in his way, with measured steps, etc., he is taught how to change his direction, walk backwards and so on. When he can walk slowly, it may be well to practice quicker and more rapid walking and marches; the patient should be drilled like a soldier. Where two or more patients are affected in about the same way, and are so much

improved that there is no danger from falls, they can very well be drilled together; otherwise it is better to exercise the one while the others rest and look on. As before mentioned, it is important that there should be plenty of intermissions for rest; the patient who rests will also learn from the instructions received and mistakes made by others. When ordinary marches are well performed, it is time to try toe marches and running marches, even jumping, walking up and down steps and staircases. While doing marches, let them hold their hands in different positions, give them things to carry in their hands, on their backs, even on their heads.

Exercises of the upper extremities will have to be modified so as to conform to their natural movements and uses. The ordinary free exercises—arm raising, bendings, stretchings, in different directions and planes, circumduction, etc.—are indicated.

Exercises to place hands and fingers on designated spots are of first importance. This may be made more interesting by encouraging the patient to play games, where these things have to be practiced as part of the game; for example, chess and checkers. There is a great variety of schemes for such exercises; for example, placing pins in holes on a board, the piling up of coins or chips, exercises and plays with balls suspended from strings, etc. Ordinarily, free standing and other gymnastic exercises where the positions of the trunk and arms and legs are changed, are naturally very useful, and should be directed in accordance with the condition of the parts affected by the disease. They may, for example, be used with good effect in the training of the muscles around the hip-joint, which are commonly much at fault.

Different sorts of apparatus have been designed to facilitate the practice of training exercises. I will only mention a few of the best; for example, parallel bars placed at the height of the hip-joint, and resembling the gang-plank of a steamer; sometimes they are placed in the shape of a cross. The patient will here be able to steady himself by the hands, the point being, however, to touch or hold on to the bars as lightly as possible, and to practice exercises alone, depending for his support upon himself solely, which otherwise may be impossible. It likewise gives his hands good training. This is, however, only an intermediate stage of training, and should be given up when no longer necessary. For bad cases, even those in the so-called paralytic stage, a broad belt to fasten around the waist is often used; it is supplied with handles for the attendant to take hold of, making it possible to practice walking exercises with security.

Besides the exercises described, I make use of resisted exercises to

a certain extent. I find that patients perform them uniformly better than the unresisted, the resistance adding to their conscious knowledge of their limbs.

Bearing in mind the free anastomoses of the circulation of the spinal cord and its surroundings, with the vertebræ, and the muscles of the back, I believe in the efficiency of massage and movements of the back and trunk, active as well as passive. They will serve to assist and to free blood and lymphatic circulation, relieve existing congestion, and cause any possible repair to take place. Massage of the limbs and abdomen is of benefit, and may be advantageously applied during intermissions of rest between the exercises.

In conclusion, I will say that the length of treatment, and the improvement to be expected, depend upon the stage of the disease, the courage of the patient, his aptitude for learning and the work he puts into it. It will always have to extend during a number of weeks, even months. Two short treatments daily are better than one long one. The extent of inability to use the limbs does not always indicate a measure for the improvement to be expected. Dr. Frenkel reports one of his most brilliant results in a case thoroughly helpless. I myself have had similar experiences. The greatest importance in the treatment rests on patience and perseverance and the observation of precise execution of details; and a good result may be looked for with a knowledge that the progress of the disease has been arrested.

THE ISABEL HAMPTON ROBB MEMORIAL CLUB CLEVELAND, OHIO

By ALICE C. BEATLE, R.N.

Graduate of the Illinois Training School, Chicago

THOSE nurses and friends who were closely associated with Mrs. Robb during the last few years of her life will remember that she had planned and worked for some time for a club house for nurses in Cleveland. She had, shortly before her death, taken active steps toward interesting some Cleveland people in it. It was, therefore, quite the natural thing, after the first shock of her death, for her friends, in their desire to do honor to her, to wish to create a memorial which would carry out and embody her idea of a club house: a place which would be the central location for all nursing interests; a place for holding local meetings; a place for central registry; a reference library; Red Cross

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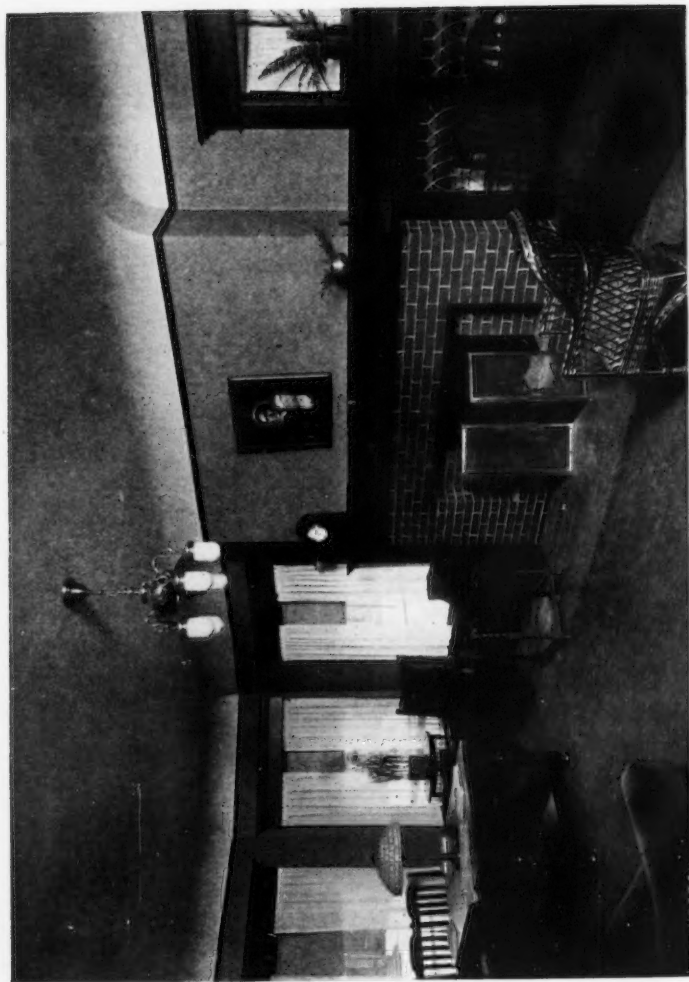
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ISABEL HAMPTON ROBB MEMORIAL CLUB.



LIVING ROOM OF ISABEL H. ROBB MEMORIAL CLUB.

interests, and for social gatherings; in short a place where nurses would feel that they could go for help and recreation.

With this object in mind, a group of friends formed a committee composed of Mrs. J. H. Lowman, Mrs. C. F. Hoover, Mrs. W. L. Howard, Mrs. Arthur Baldwin, Mrs. James R. Garfield, Mrs. E. S. Burk, Mrs. M. D. Chopin, and Mrs. Malcolm McBride. This committee raised among friends, nurses and alumnae associations, funds sufficient to buy, remodel and furnish a nineteen-room house in a central location of the city.

On March 12, 1912, the club house was opened with impressive services, Dr. J. H. Lowman, presiding. Dean Frank Du Moulin, of Trinity Cathedral, offered the dedicatory prayer; Mrs. James R. Garfield gave the keys to the Graduate Nurses' Association, and they were received by its president, Fannie F. Wright.

The club house is furnished throughout with brown fumed oak, and with rugs in browns and blues. The living room, which is also used for the club room, was furnished by Doctor Robb and his two sons. The quiet beauty and air of comfort which it gives is a fit setting for the beautiful portrait of Mrs. Robb which hangs over the mantel.

The dining room is large enough in which to serve sixteen people, of which number the family is at present composed. The small tables, at which four or five can be comfortably seated, are most convenient for a household which is constantly changing in numbers. The office and registry room is on the first floor. The fourteen bedrooms are bright, pleasant, home-like rooms, which have been furnished with the idea of beauty and comfort.

The club house is now, as was intended, the headquarters for the Graduate Nurses' Association, for the Central Registry, and for the enrolment of Red Cross nurses. One alumnae association holds its monthly meetings there. The educational committee has arranged for lectures and entertainments to be given during the winter months. The library is growing, some of the doctors and nurses who are authors, having kindly given copies of their books.

The superintendent, who is also the registrar, and her assistant, live at the club house, with the fourteen other nurses, two of whom are in tuberculosis work, one in the Babies' Dispensary, one a factory nurse, for a time a Social Service nurse, and the others in private duty. It will be seen that there are a variety of interests, even among the residents.

The bazaar which the Graduate Nurses' Association gave on December 4, to pay off the small deficit, was very successful; \$1000 was donated and the sales amounted to \$948, so the deficit was more than paid.

The club house is, of course, yet in its infancy but is self-supporting and the nurses feel a just pride in it and hope that it will make a distinct position for itself in the community and that it will not only be of help to the local nurses but will be of benefit to others.

It is planned to have soon a room to be used for transient nurses, whether they come to Cleveland for only a few hours, or for a few days or weeks. All are invited to visit the Isabel Hampton Robb Memorial Club for Nurses.

UNCINARIASIS OR HOOKWORM DISEASE

By FLORENCE O. GIBBS, R.N.

Graduate of the Park Avenue Training School, Chicago.

UNCINARIASIS may be defined as a specific zöoparasitic disease, found chiefly in tropic and sub-tropical sand regions and caused by the *Uncinaria Americana*, commonly called hookworm. This parasite is also called *Necator Americana*, or American murderer, because it has caused so many deaths. Its history dates back to the early Egyptians, but the disease was not understood until about the middle of the nineteenth century, when it was shown to be due to an intestinal parasite, *Agchylostoma duodenale*.

While we have occasionally a few cases coming to this country bringing with them an infection of the Old World hookworm, there is a type of worm distinctive to this country. The negro probably brought with him the infection of the New World type, and while he is open to the infection here and a carrier of the disease, still as a class he has an immunity to the ravages of the parasite not shown by the native. Stiles puts this disease in the same general class with malaria, tuberculosis and gonorrhœa, thus enabling us to see its importance by comparison.

The distribution of the hookworm disease is dependent upon climatic, geographical and sanitary conditions. The combination of warmth and moisture in the presence of oxygen is necessary to its propagation. The farm and mining portions of the United States, south of the Ohio and Potomac rivers, seem to offer the most favorable surroundings for its development. Its spread is limited to areas where there is no system of sewerage, where the people are infected, and where they are addicted to the habit of polluting the soil.

The life cycle of the parasite is interesting: in the body, then out of the body, in an intermediate stage of its development, and finally back

again into the body. The eggs are deposited in the feces and with them pass out of the body. No matter how long the egg is retained in the body it does not develop, on account of a lack of oxygen, so you can see that the infection is limited solely to those parasites that are able to gain entrance into the body by some means. The eggs are microscopical. A portion of feces no larger than the head of a pin might contain two or three dozen. After the feces have been passed, the egg develops in from 24 to 48 hours into a tiny larva. This larva feeds voraciously, developing rapidly in size. Within a week it sheds its skin twice, the second skin remaining as a protecting sheath around the larva. This is known as the encysted stage. It may live from six weeks to six months in this stage, taking no more food, and be capable of infecting man at any time when favorable conditions present themselves.

If it is to continue life and develop into a mature worm, the larva must enter the body of a host, for just as we have seen that it was impossible for the egg to develop into the larva without changing its surroundings, so now we see that the immature larvæ must get back to the intestinal canal in order to grow.

The mode of infection is through the skin, more often the skin of the feet or hands, through contact with infected earth. (It is possible for a patient to re-infect himself through his own feces.) The tiny larva bores its way through the skin, leaving his sheath behind. A primary symptom of infection is ground itch. The larva, entering the tissues, gets into the blood stream and is carried to the lungs, thence to the trachea, up into the œsophagus, and down to the intestine, where it takes up its permanent abode. Once in the intestine the struggle for existence is rewarded. Twice in succession the larva sheds its skin, feeds ravenously, and grows with great rapidity. The adult worm is from one-third to two-thirds of an inch in length, of a grayish white color, and about as thick as a No. 50 cotton thread. It gets its name from the bend at the head, which is turned back on its neck, giving it the appearance of a hook. The rays in the fan-shaped tail of the male also resemble hooks. The mouth is a sucking cup-shaped arrangement by means of which it fastens itself to the intestinal mucosa. On either side of the powerful jaws are lancets which pierce the flesh, making punctures through which blood can escape, and conveying a poisonous secretion from a gland in the worm's head.

The harmful effects produced by the parasite may be summed up as follows: The loss of blood which furnishes the worm with food, and the more serious loss occurring by the oozing from the punctures made by the lancets. The secretion injected by the worm is poisonous, and the

wounds made in the mucous membrane of the bowel form scar tissue, and set up a chronic inflammation, which impairs digestion and prevents proper absorption; also by lowering the resistance of the mucosa it invites other infection. The most pronounced effect though, is the alarming anæmia that follows a severe infection.

Symptoms. Probably the earliest symptom is the characteristic ground itch followed a little later by a group of symptoms varying with the intensity of the infection from simple digestive disturbances to a marked anæmia. Many of these infected people present such a pitiful picture, with their frail wasted bodies and dwarfed mentality, as to be easily recognized as hookworm victims, even by a layman.

In infections occurring before puberty, marked lack of development is shown by the individual. Menstruation is delayed until a girl is eighteen or nineteen years old.

It is possible for a person, providing no reinfection takes place, to outlive an infection of hookworms as the parasites do not live beyond eight to fifteen years, and do not multiply in the intestine.

Economically considered, this is a very important disease. The productiveness of a community is often below 50 per cent., and that of individual families may be even lower. In Porto Rico where coffee picking is the chief industry it was found that six almuds could be picked and carried to the mill by a man in average health. Among the workers infected by hookworm the average ran as low as two or three sacks daily and in some instances a man was so weak that after picking one almud he was unable to carry it to the mill. This shows the heavy toll paid by employee and employer to uncinariasis.

The treatment is very simple, epsom salt and thymol are the drugs most used. The object of treatment is, of course, to remove the cause by expulsion of the parasites. In mild cases this will suffice, but in old chronic cases, and in those where severe damage has been done to the tissues, some regenerative treatment should follow the expulsion of the worms.

On the evening preceding treatment a dose of magnesium sulphate is given to sweep out the bowel and expose the worms to the action of the anthelmintic. The patient remains in bed the next day, or while he is under treatment. At 8 A.M., 2 grains of finely powdered thymol are given, and at 10 A.M., the dose is repeated, watching carefully for any symptoms of its absorption. The symptoms of poisoning by thymol are not unlike those accompanying poisoning by carbolic acid: vertigo, fall of temperature, urine dark, pulse slow, respirations slow and shallow, delirium and collapse. If a group of symptoms calls for stimulation,

the attendant must bear in mind the danger of giving alcohol. Strychnia is the stimulant *par excellence* for these cases, and nursing measures to restore the failing vitality. At 12 M. another dose of magnesium sulphate is given to sweep the poisoned worms out of the system. The soluble sulphate also combines with the thymol, forming an insoluble substance and preventing its absorption.

One treatment may be enough for a mild case and the feces will contain hundreds of worms. More severe cases require further treatment, but the interval between them is arranged by the physician, according to the vitality of the patient and his tolerance of the drug. As the parasites are not multiplying in the intestine, there is nothing to be gained by hasty treatment. Male fern and betanaphthol have been used where thymol is not well tolerated, but care in administering it will make this a safe drug in the majority of cases. Gravy, butter and milk must not be given on days when thymol is to be used. Alcohol and oils, being solvents of thymol must be guarded against during its administration.

As it is desirable for the thymol to reach the intestine as quickly as possible, and as many of the hookworm victims have dilated stomachs, the patient must be kept on his right side for at least one-half hour after the thymol is taken, in order to hasten its escape through the pyloric orifice. This is a good point to remember in the administration of any substance, which is destined for intestinal medication. Magnesium sulphate will often work in 30 to 40 minutes if this simple rule is followed. After treatment the stools are examined microscopically for eggs and when they are no longer discovered, the patient is pronounced free from the parasite. It is well to have the examinations extend over a period of several weeks, as sometimes the sickened worms are not dislodged from the mucous membrane but owing to their half-poisoned condition do not resume their normal functions for some time and ovulation being delayed and no eggs appearing in the stool, the physician and patient might be deceived about the cure.

What shall we say about this terrible disease that is working such wide spread havoc among the people of the south? A disease easily cured and oh so easily prevented! In this, as in other preventable diseases, the individual is powerless and it will continue to afflict mankind until the community itself is aroused to demand wise legislation providing good sewerage, well paved streets, efficient plumbing, and most of all proper hygienic instruction for the masses.

Tolstoy has said, "Most men, no matter how clever, can seldom discern even the simplest and most obvious truth if it be such as to oblige

them to admit the falsity of conclusions they have formed perhaps with much difficulty, which they have taught to others and on which they have built their lives."

The underlying motive which prompts opposition to some of our most constructive legislation doubtless has its explanation in some such subtle reasoning as Tolstoy has pointed out for us. Nevertheless, there is much to rejoice over, in the report of a body of men, such as those who formed the Porto Rican commission. Their report showed us very convincingly that the disease was gaining recognition; and it is not until a condition is recognized and discussed that any means of dealing with it may be planned. That there are men and women who have seen light and are following it is proven by the drafting of such a document as the Owen Bill. Faulty though it may be in some respects we can but trust that it may be the entering wedge for more constructive sanitary legislation in the United States which will have the effect of wiping out our preventable diseases.

For material and statistics I beg to acknowledge indebtedness to Drs. Stiles, Ashford, King, Looss, Igaravidez and to Dr. Mary M. S. Johnstone.

AMUSING CONVALESCENT CHILDREN

By A. G. SCOTT, R.N.

Seattle General Hospital

THE problem of amusing a convalescent child becomes more difficult when the child must be kept absolutely quiet, as in a case of heart trouble. Being on such a case recently, I formed myself into a "ways and means committee" to find something to amuse the little girl.

A glass bowl of gold fish will amuse a child by the hour. They delight to lie and watch the busy goldfish as they swim back and forth. It adds much to their pleasure to name the fish and invent stories about them, letting the imagination speed as rapidly as the fish themselves. The feeding of them always interests children, too.

Then, one might take the child's favorite doll, use a needle and some material, and let the child use her imagination. While you work, let her guess what you are making. As the garment grows and she has to keep changing her guess the fun increases.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE ENGLISH INSURANCE ACT

By MARY BURR

THE English Insurance Act which came into operation in July of last year is, as its title implies, "to provide for insurance against loss of health and for the prevention and cure of sickness, and for insurance against unemployment." As the insurance against unemployment affects only a small number of trades in which women are not employed nothing more need be said about that part of the Act.

The administration of the Act is carried out by various committees, the chief of which is called the Insurance Commissioners, two of whose members must be women, and it is good to relate that the salary for both sexes is the same; a most unusual thing in England. These Commissioners are practically the chief authority; they appoint an advisory committee which consists of representatives of practically all sections of the insured persons through their societies or unions, *except nurses*, they were refused. Insurance committees are appointed for every county, or county borough within the county; district committees for every 10,000 inhabitants; for rural districts, 20,000 inhabitants; these are all under the jurisdiction of the Insurance Commissioners. On all these committees a very small proportion must be women,—at least four women and four doctors must be appointed on each,—but as the minimum number of members on these committees is forty, women are certainly not over-represented; of course many more may be appointed and probably are, but the legal minimum does not tend to the over-representation of women.

It is compulsory for all employed persons of either sex over the age of 16 years to be insured, unless their income is over \$800 per annum, or who have a pension or unearned income of \$130 a year, or who are over 65 years of age. These are called the employed contributors. Of course there are many exceptions. It also provides for those who are not employed but are engaged in some regular occupation and who are mainly or wholly dependent upon their earnings for a living, these are called voluntary contributors.

The money to carry out the provisions of this Act is provided partly by the employers, partly by the employees, and by Parliament in the proportion of seven-ninths for male employees and their employers and the state two-ninths. For women and their employers three-fourths and the state one-fourth. This works out at four pence per week from men, three pence per week from women, three pence per week from the employer and two pence per week from the state. When the insured person is over 21 years of age and the earnings are not more than one shilling and six pence a day, not including board and lodging, then the employer pays the employee's part as well as his own. When the amount earned exceeds one shilling and six pence, but does not exceed two shillings, the employer pays five pence and four pence per week respectively, and the employee one penny. When the earnings exceed two shillings per day but not more than two shillings and six pence, the employer pays four pence and three pence per week respectively, and the employed person three pence; the state paying the difference on the two first as well as the two-ninths. The rates are lower for Ireland.

Voluntary contributors, if they insure within six months of the commencement of the Act, and are under 45 years of age, pay at the same rate as the employed person; viz.: seven pence for men, and six pence per week for women. The state two pence. If over 45 then at a rate equal to the employed rate. If insuring after the six months' grace, then payments must be made according to age at a rate fixed by the Insurance Commissioners. There are various rules to cover transference of voluntary contributors to employed and *vice versa*.

The benefits to be received under this scheme are: (a) *Medical benefit*; i.e., medical treatment, attendance, medicine and such medical and surgical appliances as may be prescribed by the regulations of the Insurance Commissioners. (b) *Sanatorium benefit*; i.e., treatment in sanatoria or other institutions for tuberculosis or such other diseases as the Local Government Board and Treasury may appoint. (c) *Sickness benefit*; i.e., periodical payments, on notice being given commencing from the fourth day of sickness to continue to end of illness or for not more than 26 weeks for employed persons; males receiving ten shillings, females seven shillings and six pence a week, respectively. (d) *Disability benefit*; i.e., periodical payments after the termination of sickness benefit so long as the insured person is incapable of work through disease or disablement. This consists of five shillings a week for both men and women. (e) *Maternity benefit*; i.e., the payment of thirty shillings on the confinement of the wife, or birth of posthumous child of

the widow of an insured person, or any other woman being an insured person. A woman who is an insured person, married or a widow, giving birth to a posthumous child, is entitled to sickness and disablement benefit also. Except in these cases a woman is not entitled to sickness or disablement benefit until four weeks after confinement unless the sickness is not connected either directly or indirectly with her confinement. An unmarried mother, being an insured person, may recover expenses incidental to the birth of her child and maintenance (if she can get it) from the father although she has received maternity benefit. The benefit in the case of a married woman is paid in "cash or otherwise" to the husband but if he does not adequately provide for his wife during confinement, and for four weeks after, he is liable to summary conviction with or without hard labor for not more than one month. The doctor or midwife has to be paid out of the maternity benefit and if a midwife has to call in a medical practitioner his fee is recoverable as part of the maternity benefit. Maternity benefit does not begin until 26 weekly contributions have been paid by an employed person, or 52 contributions by a voluntary contributor. Maternity benefit shall be paid to any hospital or institution of which the insured person is an inmate if she is also entitled to sickness and disablement benefit, and is not to be used for the maintenance of her family. No woman is to be refused by any workhouse infirmary for confinement on account of being an insured person and entitled to benefits.

When contributions are in arrears then benefits are curtailed although under certain circumstances they are ignored—viz.: in the case of an insured woman for two weeks before and four weeks after her confinement, or in the case of a posthumous child of the widow of an insured person during the period subsequent to the father's death. And no penalty may be inflicted in regard to maternity benefit unless necessitated by the misconduct of the woman herself.

Medical and sickness benefits commence only when 26 weekly payments have been made, and for disablement benefit 104 weekly payments must have first been paid. If the insured person is an inmate of a hospital, asylum, or other institution supported by charity or voluntary contributions, no sickness or disablement benefit is to be paid to him but to be used for his dependants. No insured person may receive sickness or disablement benefit if he is receiving compensation or damages for injury or disease unless the weekly value is less than he would receive as benefit, then the excess only is payable as benefit.

All these benefits shall be administered by approved societies to their members or by the Insurance Committees.

An approved society may be any body of persons who are approved by the Insurance Commissioners or a society may establish a separate section with or without honorary members who are not insured persons, but a society must show: 1. That it is not carried on for profit. 2. That its affairs are subject to the absolute control of its members whether insured persons or not, including provision for the election and removal of the committee of management or other governing body of the society. 3. Honorary members to have no right of voting in regard to matters or questions of this Act. A society carried on for profit may establish a section which does fulfil these conditions. No society may refuse membership to any one solely on account of age. Members may transfer from one society to another when his transfer value—that is, the sum representing the liability of the society in respect of him—shall be paid to the society to which he is transferred. Most of the big Friendly Societies and many others have become either approved societies or have arranged sections as approved societies under the Act. The books and accounts must be open to examination and audit. When there is a surplus above the amount of the liabilities of a society, then additional benefits may be granted with the consent and approval of the Commissioners. A deficiency may be met by a compulsory tax or a reduction of benefits, etc.

The societies have power to vary the benefits for all or a certain section of members but they must be of equal value to those abolished. They may make their own rules for the paying, visiting, conduct, etc. of members, but women members must be visited by women. Fines which must not exceed ten shillings and suspensions not to exceed one year may be inflicted.

No penalty may be inflicted for refusal to undergo an operation, vaccination or inoculation, unless in the case of a minor operation when the refusal is considered to be unreasonable. None but duly qualified medical men and certified midwives may be employed. A list of medical men who have agreed to serve under the Act is to be published by the Insurance Committees for each district; every medical man has a right to be included in the list if he wishes. Any insured person may choose his doctor, if that doctor will agree to treat him, and those who do not choose are to be equally divided as patients among all the doctors on the list.

The Act as it affects women: If an insured woman marries, all benefits are suspended, one-third of her transfer value being carried to

the married women's suspense account; she may within a month of her marriage become a married woman voluntary contributor at reduced rates; viz.: she shall pay three pence a week and receive the following benefits: medical and sickness benefit, the latter being five shillings a week, and disablement benefit, three shillings a week; or if she does not become a voluntary contributor, two-thirds of her transfer value shall be used for her benefit until exhausted. If, however, she is a deposit contributor, *i.e.*, paying through the Post-office, she has no option to become a voluntary contributor, but the two-thirds of her payments are used for her benefit. If a married woman becomes an employed person before her husband's death, she must pay her ordinary contributions and ceases to be suspended but benefits are only supplied to her as if she had never before been insured; *i.e.*, presuming she has never needed benefits, the money paid before marriage is kept and she must pay 26 weekly payments before she has the right to medical benefit. If, however, the husband dies and the widow becomes an employed person, all arrears accruing before the husband's death and for one month after are disregarded.

From every contribution of insured persons who are members of an approved society, except voluntary contributors, 1 5/9 d., or in the case of a woman, 1 1/2 d. is retained by the Insurance Commissioners for the reserve values to be credited to their societies.

Notice here, too, that women pay a larger proportion than men.

The history of the treatment of the nursing profession by those responsible for this Act is most discreditable. When the Insurance Bill was under discussion, a committee was formed with Mrs. Bedford Fenwick (the guardian angel of nurses), as chairman, to watch the interests of trained nurses. This committee petitioned the Chancellor of the Exchequer to receive a deputation; this was refused. Then a memorandum was sent to him, pointing out that in this Bill, dealing as it does with the national health, trained nursing was not mentioned, and that whilst approved societies could contribute to nursing institutions and hospitals, no guarantee of the quality of the nursing given was provided. It was also pointed out that insured persons have as much right to a state guarantee concerning the qualifications of nurses, for whose services they are compelled to pay, as of the qualifications prescribed for their medical attendants and midwives. A third communication was sent to the Chancellor, asking that the word "trained" might be inserted in the Bill before the word nurse, and that a fully trained nurse might be placed upon the central advisory committee.

These suggestions were also placed before the Prime Minister and other influential members of the House of Commons. Endeavors were also made by the Rt. Hon. R. C. Munro Ferguson, M.P., to have amendments dealing with these points considered during the discussion of the Bill, but this was prevented by the unstinted use of the closure. When the Act was passed, copies of these petitions were sent to Sir Robert Morant, the Chairman of the Insurance Commissioners, but nothing has been done to remedy this very serious omission, and trained nursing is, therefore, not included amongst the benefits, although nursing is. A memorandum recently sent by the General Medical Council to the Insurance Commissioners regarding the possible adverse effect the Act may have on the education of students of midwifery, was promised serious consideration by the Commissioners. The Commissioners have power to include a trained nurse as well as others on the advisory committee. The Scottish Commissioners have done so, having appointed Miss A. W. Gill, Matron of the Royal Infirmary, Edinburgh, on the advisory committee for Scotland. Miss Gill was nominated by the Scottish Matrons' Association and the Scottish Society of Trained Nurses. So far the English nurses have no direct representation, although every other worker, male and female, has direct representation through societies or unions.

As we have no legal status for nurses in England, the Insurance Committees may employ any one they please to carry out the duties authorised under the Act. These duties are the nursing and visiting insured persons; also the Insurance Committees have power to provide for lectures on questions relating to health and presumably such lectures will be given by women (who ought to be trained nurses) to women. Unfortunately there are many county nursing associations which supply the sick poor with midwives; in addition these women have a short (from three to nine months) experience of general nursing. They are called village or cottage nurses, and are given their training at the expense of the association, on signing an agreement for a term of years' service. These semi-trained women are paid miserable salaries, and often work under conditions which no thoroughly trained women could possibly accept. Many specious excuses are given by these lay-controlled associations for employing these women but the real reason is they are *cheap*. It does not require a prophet's vision to foretell the natural result of the inexplicable action of our legislators in deliberately ignoring the advice of nursing experts.

Already these county nursing associations are endeavoring to get their

so-called nurses employed by the Insurance Committees, and, of course, will make money out of these poor sweated women. The Insurance Committees must have some women members, among whom by chance there may be a trained nurse, but she will not be appointed as a nurse to safeguard the standard of nursing given the insured sick or to define the qualifications of the nurses employed. Midwives have been placed upon the Advisory Committee and also upon the Insurance Committees by the Commissioners. This is the result of their legal status.

It is really appalling that in the country which produced Florence Nightingale, who first made nursing a science, any body of men could be so prejudiced and short-sighted as to deliberately flout a large body of well-educated and skilled women upon whom the health of the nation so largely depends. The result is already beginning to be apparent as some of the best nurses are leaving the country for other lands where their qualifications will doubtless be better appreciated.

The effect of the Act upon the rank and file of nurses will undoubtedly tend to keep out of the profession the best type of woman—just those who are most needed—and for those already in the profession, to lower their professional standing; to lessen work for the private duty nurses, if they insist upon their patients paying the employers' share of the tax. Nurses are classed as domestic and not professional workers. They, with all other women workers who must be insured, pay a higher rate for their so-called benefits than men; in their case the medical benefit is one which in the majority of cases has always been granted them, as associate workers, by the medical profession. The weekly tax of six pence which many private-duty nurses will pay rather than create friction with their patients, will reduce their earnings, and should they raise their fees they will lose work that way, as hospitals and nursing institutions who send out private-duty nurses are considered the employers of their nurses, so they pay the employer's tax; but nurses working on co-operative societies are considered as working for themselves. Many of these nurses, through their societies, already pay under the Employers' Liability Act, yet should they in any case receive compensation or damages they cannot claim sickness or disablement benefit.

To make the best of an exceedingly harsh piece of legislation, an approved society for trained women nurses has been formed, so that the payments of nurses can be used in benefits more suitable to the needs of nurses. This was very necessary to prevent the use of their money for medical benefit which may possibly still be accorded them by the medical profession as hitherto. (It is possible that this courtesy may be withdrawn

and that every insured nurse will have to be treated as an insured person by a doctor on the panel or list.) Also to avoid assisting in the payment of maternity benefits to the wives of insured men and to the poorer working women who will need it. The majority of nurses will never need maternity benefit as they won't marry, and those that do, usually marry into a class above the compulsory insurance line. The money thus saved can be used to better advantage in other benefits, such as dental treatment, increase of disablement benefit, or pensions, which would be of great value to many nurses. The closer one studies this Act the more one realizes how urgent is the necessity for women to have the power of the vote so that they shall not in future be taxed to supply benefits for the other sex, and to prevent the passing of such unjust laws.

ITEMS

MISS CATHERINE ELSTON has resigned her post as head of the nursing school of the Civil Hospitals of Bordeaux, after nine years of brilliant achievement. Mlle. Gallienne, one of her graduates and for some time her assistant, will take the school.

SISTER AGNES is delighted with the prospects of the nursing course in Leipsic at the *Frauen Hochschule*. Five nurses have entered.

MISS AMY TURTON is leaving Italy, where she has done such glorious work, to live in England for family reasons. The school in Rome is daily a more gratifying and model example of what a school should be. Several Sisters of Charity are among the pupils.

ONE of Miss Baxter's graduates in Naples has been giving a course of massage to the Queen.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

"STANDING ORDERS"

Letters, interviews, and clippings (far too few of these), and questions are the welcome gifts of this Department to its editor, and most frequently the information desired by nurses new in the field is a practical answer to the question, "How may we co-operate with local physicians when they don't meet us half way?" Nurses in small towns should not ask this question as if they believed their localities had a monopoly in difficult physicians, for there are some unique followers of Esculapius in every community, and these all need to be taught the application of social service first-aid in the homes of the sick poor. On the other hand, a good visiting nurse is always comforted by the fact that her work is backed and commended by the best physicians everywhere, whose aid and advice she may always obtain for the asking. Some physicians, however, leave so much to the nurse's discretion, while others leave so little, that it is sometimes difficult to choose the safe and happy medium. There was once an old practitioner in a Massachusetts town, who complained bitterly that "the nurse took the temperature, pulse and respiration, opened the windows and put the pneumonia patient on a milk diet, and left nothing for the doctor to do;" while a young surgeon in a near-by city, assured his class of pupil-nurses that "they should be prepared for any emergency in private duty, even to giving an intravenous or to re-ligating slipped abdominal sutures."

Because there are so many men of many minds and divers medical training in a big city, the Chicago Visiting Nurse Association has prepared the following list of standing orders for the nurses on the staff, which it hopes to have approved by the Chicago Medical Association, and then put into general use. It has already been revised and approved by three physicians whose long experience, in working among the poor, has taught them the value of this plan.

The rules—if approved by the Chicago Medical Association—will

be printed and distributed to the members of the County Physicians' Staff, who do most of the medical work in the homes of the poor. They will be carried in the nurses' bags, and be given or sent to every physician carrying free cases. The rules will not be followed unless the attending physician signifies his approval.

In this way, more thorough care can be given, without delay, to every patient and the attending physicians will be spared a good deal of repetition in writing their orders. No medication, not even castor oil, is included in this list for obvious reasons. Baths are included, for many patients who object strenuously to being clean in cold weather, accept a bath philosophically when told that "the doctor ordered it."

STANDING ORDERS

MEDICAL

1. *An Undiagnosed Case Running Temperature*.—Cleansing bath; liquid diet; low S. S. enema, P. R. N. when no abdominal pain or tenderness is present; sponge for R. T. 102.5°.

2. *Sore Throat*.—Gargle and mouth-wash of baking-soda; liquid diet; children to be isolated if possible until physician sees case.

3. *Colds*.—Cleansing bath; low S. S. enema P. R. N.; liquid diet; for adults, plenty of hot water taken frequently.

4. *Pneumonia*.—Cleansing bath; low S. S. enema P. R. N.; sponge for R. T. 102.5°; liquid diet; cold-air treatment, if possible.

5. *Typhoid Fever*.—Cleansing bath; low S. S. enema. P. R. N.; sponge for R. T. 102.5°; milk diet. Emphasize need of plenty of fresh air and cold drinking water (boiled if possible), and disinfection of stools.

6. *Obstetrical Cases*.—For mother: cleansing bath; local cleansing with lysol solution; abdominal binder; change pads; breast binder. P. R. N.; low S. S. enema. P. R. N. For the baby: Alcohol dressing to cord; oiled and bathed.

7. *Infants and Young Children* ("sick but not diagnosed").—Normal salt flushing, P. R. N.; diet, boiled water for twenty-four hours.

8. *Infectious Diseases*.—Isolation; boric solution for eyes and nostrils, P. R. N.; vaseline or cold cream for lips and nose, P. R. N.; oil rub, P. R. N. for all desquamating cases; liquid diet; sponge for R. T. 102.5°.

9. *Pleurisy*.—Apply tight binder to chest.

10. *Infantile Diarrhæa*.—Normal salt flushing, P. R. N.; no food; boiled water for twenty-four hours.

11. *Infantile Convulsions*.—Same orders as diarrhæa.

SURGICAL

1. *Burn Cases*.—Remove clothing; apply normal salt or boric solution dressings; if severe burn, get into hospital as quickly as possible.

2. *Chronic Ulcers*.—Clean with lysol or boric solution; apply wet boric dressings and firm bandage.

3. *Minor Dressings*.—For cuts, scratches, bruises and infected fingers, apply hot boric packs and refer to dispensary.

4. *Discharging Ears*.—Cleanse the outer ear with moist boric solution swabs; *do not irrigate*; refer to dispensary.

N. B.—Any or all of the above orders may be cancelled or substituted for at any time by the physician on the case who prefers to leave specific written orders in each family. The standing orders are merely suggested as aids to both the physician and the nurses, and will be carried out when no other orders are left. Nurses will communicate with the physicians by telephones whenever possible, but sometimes this is very difficult, and the above orders may serve for the interim. In all of these cases, careful instructions on the hygiene of the home, with special emphasis on fresh air, a clean sick room and plenty of water for the patient to drink will be given by the nurse.

Discussion of these standing orders is invited from nurses who have met and conquered similar problems elsewhere. The work of the visiting nurses has been so appreciated by the physicians and townspeople, once it has been thoroughly understood that no cases are carried unless under a physician's charge, that the work of co-operation sometimes becomes more firmly cemented because of its slow growth. If it has taken one visiting nurse association twenty-three years to approach the question of standing orders, new associations should not be discouraged because every doctor in the community fails to endorse the new nurse at first sight. It is advisable for a new worker to meet personally, if possible, every physician in her town. This and "patient waiting" both help.

ITEMS

MISSOURI.—A unique system of co-operation in social service work has been developed in St. Louis, where the work, first organized in 1910 for the Children's Hospital alone, was re-organized in ten months as the "Social Service Department of the St. Louis Children's Hospital and the Washington University Hospital." The reason for this very wise step is briefly stated in the first annual report as follows: "The close affiliation of the two hospitals through the medical and nursing departments, and the fact that both hospitals are often treating members of the same family, made this extension of the work not only possible but desirable."

The work at the University Hospital is divided between two departments, the "General" and the "Prenatal," with an assistant in each. To the prenatal worker are assigned all expectant mothers registered at the clinic, and she visits them in their homes to teach them how to carry out the instructions outlined by the obstetricians. At the Children's Hospital the work is general, but a special investigation of crippled children has been undertaken, in the event that the results will be sufficiently startling to arouse interest in planning a school and special training for these little excluded cases. Boston has a wonderful day school for crippled children, Chicago has a school and also a special room in a large public school, both devoted to the needs of crippled children and the Social Service Department in St. Louis is making a preliminary study of five hundred cripples, all candidates for such instruction in that city. At the Children's Hospital, too, all poor cases needing braces are referred to the Social Service Department for financial investigation and as a result, no children are kept waiting for apparatus. In many cases parents who were allowed to pay on the instalment plan, managed to clear their debts in fair season, and in others, various agencies were asked to help. Detailed written records are kept of each patient and all the machinery of other organizations used wherever possible, in order to prevent duplication and to get the patients helped most expeditiously. The report is full of suggestions for other hospital workers, not the least interesting being the supporting affiliations of the whole department. The salary of the head worker is paid jointly by the two hospitals, while the work of the Children's Hospital assistant is supported by the Social Service Bible Class of Pilgrim Congregational Church. The worker is a member of this class and by her weekly reports, keeps its members in very real practical touch with the important work made possible by their interest and co-operation.

The salary of the prenatal worker is met by the combined effort of three Bible classes at the Union Avenue Christian Church and the Alumnae Association of Mary Institute is responsible for the salary of the Washington University Assistant. Built on such a foundation, public interest in the work of the joint department is bound to be maintained in somewhat unusual channels and a larger future assured. In early times the church, and then religious communities, cared for the sick and the disabled, and in supporting hospital social-service work these churches are continuing to perpetuate some of the most splendid traditions of their past. Julia C. Stimson, R.N., is the Director of the joint Social Service Department.

ILLINOIS.—Agnes McCleery, R.N. (West Side Hospital, Chicago),

*Submitted
4-9*

formerly a tuberculosis nurse, has accepted the position as welfare-worker for a large tailoring establishment in Chicago. In a small folder, distributed in the pay envelopes, the management introduced Miss McCleery to the employees as follows: "For the benefit of our employees we have engaged Miss McCleery, a graduate nurse of experience, who will gladly consult with you during your lunch hour concerning your physical condition as well as that of any member of your family. We will be pleased to send her to the homes of any of our employees who are ill and unable to work. She will co-operate with your physician, or if you wish our physician to call and prescribe in cases where relief is not forthcoming from your doctor, she will attend to it for you. We will take care of the expense of one call or consultation with our physician. Many cases of illness which at first seem trivial, afterward develop into something more serious, solely on account of lack of attention at the start, and as we desire to do everything possible to keep our employees content and well, we gladly assume this expense, knowing that pleasant working conditions cannot be perfect without good health. Cases needing attention at home can secure Miss McCleery by telephoning to either the head of their department or to her direct. Her office is located on the third floor in our main plant at Market and Van Buren Streets. She will also spend a portion of her time on the eighth floor of our Franklin Street building. You will find her ready and willing to advise with you at all times."

This method might well be borrowed for the use of other welfare nurses.

May Middleton, R.N. (Chicago Hospital), has resigned from the staff of the Municipal Tuberculosis Sanitarium Dispensary Department, and has accepted the position of superintendent of nurses for Sears, Roebuck & Co. Miss Middleton has been head nurse of the tuberculosis clinic at the Jewish Aid Dispensary for nearly five years and leaves thousands of friends in her old district.

CONNECTICUT.—A most successful "first night" of the "College Hero" seems to assure goodly receipts for the Hartford Visiting Nurse Association, for whose benefit the six hundred members of the cast have been working long and arduously. A Visiting Nurse Association has recently been formed in Rockville. Miss Wilkinson of the Hartford Association spoke at its first public meeting and an enthusiastic audience proceeded to elect officers and raise money on the spot with the result that the first year's work is practically assured.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION



IN CHARGE OF
MARY M. RIDDLE, R.N.

DEAR EDITOR:

In the December JOURNAL, page 206, you give the following "handy reference":

500 c.c. = 1 pt.
500 gm. = 1 lb. avoirdupois.
30 c.c. = 1 fl. oz.
30 gm. = 1 oz.

I have always understood that 16 fl. oz. = 1 pt., and 16 oz. = 1 lb. avoirdupois. That was how I learned it in my arithmetic. Now this little table was put in for the benefit of pupil nurses who had not studied the metric system. $16 \times 30 = 480$. How then does Groff in his *Materia Medica* make it 500?

A STUDENT OF NURSING

The above letter was passed on to me because I was responsible for the statement, which is really correct for all practical purposes. Possibly in that article I might have said "this is *approximately true*," but I did not say anything about that because it is so universally accepted. It is not true mathematically because there is no way of converting our ordinary weights and measures into the metric system absolutely. This is a table of weights and measures used by the best apothecaries and chemists in the land, therefore, we say that it is true for all practical purposes, but in my classes I always explain to my pupil nurses that it is not true theoretically or mathematically, as you can see if you come to multiply it out. For instance, our table says that there are 4 cubic centimetres in a dram which is as near as can be estimated; but if you multiply that out you will find that that would make 32 cubic centimetres to the fluid ounce, which is too much, and so the makers of this table agree that this is the better plan and you will notice, if you buy graduates which are authorized by law, that 500 cubic centimetres equal a pint, which is approximately true, true enough for all practical purposes the pharmacists and other scientific people tell us.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

TRAINING FOR TEACHING

DEAR MISS McISAAC: I am a registered nurse and since my graduation have been doing private nursing. However, I wish to fit myself for class work in training schools. Will you advise me through the JOURNAL what preparation you think advisable?

Pennsylvania.

B. W.

[To B. W., Pennsylvania: Responding to your request of recent date, I would refer you to the Department of Nursing and Health, Teachers' College, Columbia University, New York City, as the only place where a nurse may prepare herself to be a teacher of nurses. Miss Nutting is the Director, and her address may be found in the Official Directory of every JOURNAL.

ISABEL McISAAC.]

FROM CHINA

DEAR EDITOR: I have gone through a two-year course of language study and now intend to take up the work of training some Chinese women as nurses. I attended one major operation in a Chinese hospital in Hong Kong, which has an English head nurse, and it was just fine to see the way those Chinese nurses managed. The head nurse herself did the least, she let them do almost everything. This was very encouraging for it was a practical proof that they can be trained. I never saw any better-conducted operation, not even in the operating room of the New York City Hospital. I was very glad to get the convention number of the JOURNAL, and one article, "The Hospital Head Nurse," is very suitable for me at this juncture. Wishing you all success in the coming year.

China.

A. J. R.

PRENATAL NURSING

DEAR EDITOR: I was very much interested in an article entitled "Prenatal Care of the Next Generation," which appeared in a recent issue of the *Survey* (Jan. 4, 1913), written by Mrs. Wm. Lowell Putman. Mrs. Putman tells of the work which was started as an experiment by the committee on infant social service of the Women's Municipal League, of Boston, in 1909. The results proved so satisfactory that last year the Boston Lying-In Hospital established a pre-natal clinic with a visiting nurse to carry on the work previously done for their house-patients, by the League. The Boston Board of Health also began in 1911 to send two nurses through the city to care for mothers and babies before as well as after birth. They have now increased the number to ten. This is a subject that I think all nurses and especially those engaged in social service work would be glad to hear about through the pages of the JOURNAL. I do not think it has been mentioned there up to this time. It opens up still another line of work

for nurses, and one that would be most interesting and rich in possibilities and opportunities, especially for the older nurses. I hope the nurses who are engaged in the work in Boston will favor us with an article in the near future.

Illinois.

A. A. N.

[In the May number of the *JOURNAL* Miss Foley will devote the pages of the Visiting Nurse Department to a survey of the work being done in this line in various places, and in the same issue we shall publish, if possible, a paper on "What One Association is Doing for its Mothers," by Francina Freese, of the Caroline Rest, Hartsdale, N. Y.—Ed.]

TUBERCULOSIS NURSING

DEAR EDITOR: I should very much like a few opinions from various nurses as to why so many of them object to doing tuberculosis nursing. During the past few months we have had occasion to send to various registries both here and in New York for nurses, and they ask whether there is any danger of getting infected and other ridiculous questions of the same import. It is true that caring for tuberculosis patients has its disagreeable side, but how many nurses object to cases of cancer or venereal disease which are found in other hospitals? I have been doing tuberculosis nursing for over a year and am sure that caring for these patients in open wards and shacks, with plenty of fresh air and sunshine, is far from being as dangerous as is caring for patients in comparatively closed wards, where there are generally patients who are more or less tubercular.

Connecticut.

E. F. G.

SOME OLD-TIME METHODS

DEAR EDITOR: I have just come from an obstetrical case where the physician was a man well along in years who has given up most of his practice, but my patient was one of his babies and he has watched her grow up. He was like her father, patient and encouraging! He was not very clean and looked shocked when he was about to tie the baby's cord and I offered him my sterile cord ties. He shook his head and pulled two pieces of common twine from the button hole of his vest and used them. I was as shocked as he, but said nothing and took occasion to soak the string thoroughly with bichloride, 1-5000, when I bathed the baby, and then dried it thoroughly before powdering and putting on the dressing. The doctor made no calls after the confinement, but marvelled that the patient had no rise of temperature and wanted me to take another case for him.

New York.

F. L.

HOSPITAL GOSSIP

DEAR EDITOR: I picked up a helpful idea from a pupil-nurse the other day. Her class has just organized and, recognizing the evil of hospital gossip, they have chosen a novel way of trying to suppress it. A little piece of wood, the size of a visiting card, on which is written, "Gabby, don't gossip," is quietly slipped into the hand of any class member who is overheard talking unkindly or disrespectfully of another, especially of the officers of the institution.

Naturally, any one possessing it desires to rid herself of it as speedily as possible. At the monthly meeting each one is in honor bound to confess how often she has had it, and pays a penny fine for each visit of the little card. It seems to me this is a far-reaching bit of self government, carrying excellent opportunity for character development. These young students are enthusiastic over their secret bond and are sincerely trying to help make their school better for their having been in it.

New Jersey.

C. E.

SOME OF THE EXPERIENCES OF A PRIVATE NURSE

DEAR EDITOR: After reading a letter in this department last year, I smiled as I thought of the old saying: "Misery likes company," I would like to tell one of my experiences. A little boy, six years old, was suffering from scarlet fever and diphtheria. The child had been ill a week when I took the case and during that time had had no medicine, nourishment or no care of the mouth, nose or throat, except what the physician, a busy man with a large practice, had time to give on his daily calls. The child took milk, 4 to 6 ounces, every two or three hours. The medicine and other nursing care were given under difficulties.

The child was very delirious and for four nights I sat by his bed and performed the double duty of keeping him in bed and relieving him of the annoyance and torture of bed-bugs. The family consisted of the patient, his mother and myself, other members being absent on account of the contagion. Our living apartments consisted of the kitchen, bathroom, and bedroom occupied by the patient. As a member of the board of health called daily to remind me that I was in quarantine, and must not go out, I took my airing on the fire-escape. Can you imagine my feelings of horror when I returned from one of these refreshing outings and found that the mother had removed the night shirt from the little fellow and on the kitchen table, where we partook of all our meals, had turned the garment wrongside out and was carefully shaking and scanning the seams in search of bedbugs? After considerable talking I impressed her with the necessity of having the tablecloth washed, as the patient was in the stage of desquamation. On another occasion when I had left the patient's room for a moment, I returned to find the bed pan on the table, with not as much as a newspaper underneath. I managed to impress upon the mother the necessity of frequent use of hand solution, also the care of the mouth and throat; but the poor woman could not grasp situations and must be told each individual precaution. I was on this case six weeks and left in good health and I daresay with a nice accumulation of germs in my poor body.

A nurse, they say, should learn something new on each case. On this case I learned the important lesson of how to keep house for a family of three with four towels and one tablecloth.

Illinois.

M. P.

AROUND-THE-WORLD LETTERS

(Continuing a description of a visit to the Taj in India)

DEAR EDITOR: At 4.30 A.M. we were up, tea was brought to us, and at five we started out. We saw the natives at their various sunrise devotions—of prayers, baths, and cleaning their teeth with a stick fuzzed into a brush at the

end. We saw monkeys in the trees by the roadside, little chipmonks running on the ground, peacocks strutting on the walls, a panoplied camel carrying a whole family. Tongas were being made ready for the day, the bullocks decorated with strings of beads. We visited the tomb of Alebar, the father of Shah Jehan, and saw where the Hindus had used the richly decorated ante-chambers for kitchens, discoloring the walls and ceilings with smoke, to show their contempt for the Mohammedans. Returning, we again saw the Taj Mahal, in the glaring light of the sun. It lost none of its beauty. All day we stayed in the cool shade of the deep veranda, entertained by a clever, cross-eyed juggler, spending our money on all sorts of beautiful and foolish things. When the heat of the day was subsiding we were off again to see the Taj at sunset. This time the crowd was present, but it was as hushed as if the dead were a new and personal loss. Little groups sat and spoke softly of the sentiment that had inspired the author of this vision. Some were busy making sketches, and others wrote their diaries and postal cards. We, too, sat and dreamed, watching the reflection of the dome and minarets in the water, trying to picture in our imagination the picturesque servants waiting outside for their masters, kneeling on their prayer rugs, their faces turned toward Mecca, the semi-circle of elephants waiting in their stone stalls, the soft patter of many bare feet, and the tinkle of anklets, and chains, the drip, drip of the fountains, the soft breath of wind in the trees. Practical, workaday America is far, far away. It is all mystery and romance. Somebody snaps a watch, and says it is time to return to the train, the spell is broken. However the Punjab Mail goes back to Bombay in the morning, so I had another night at the hotel, and an early morning visit to the Fort, in which is the palace, all by myself. It is worthy of a whole book, so I dare not attempt to describe it, but I saw the marble platform which formed the parchesi board, where the ladies of the zenana played parchesi, with little boys for pawns; the fountain where sixteen little boys sat with bowed heads, each having two water sprays play on him; the mosque where the Mohammedan wives worshipped; the temple for the Hindu wife; the room lined with many thousand tiny round mirrors reflecting the lights of candles where the women bathed; the audience chamber, and halls of justice; the arena where the elephant and tiger fights took place; the dungeons for the prisoners. Even now, when it is all vacant, deserted, except for the licensed guides and tourists, it seems as though it should spring into life, with intrigue, mystery, romance, love, hate, and jealousy. I left it feeling amply repaid for any discomfort, trouble, or expense.

My return trip in the train was very interesting, for I travelled with two English ladies, and a little girl. They all spoke Hindustani, which was very convenient for me on this occasion, and they told me much that was interesting about life in India. They had been to the Delhi Durbar, so I was well entertained. A shower laid the dust, and cooled the air, so that altogether the return seemed shorter and pleasanter than the going, and the memory of it all grows in value as the perspective grows longer.

CHARLOTTE EHRLICHER.

AN APPRECIATION

DEAR EDITOR: There are few articles that I have come across that I have so thoroughly enjoyed as I did that called "Difficulties in Private Nursing" by

Jennie Jordan. I wanted her to know how the good sound advice she gives struck home to a reader far away. The January JOURNAL was particularly interesting.
Illinois.
E. L. D.

CARE OF A BABY'S NAVEL

DEAR EDITOR: In answer to "One who Wants to Know" in the February JOURNAL, I would like to give my method of caring for a baby's cord. The first dressing is made by saturating a narrow piece of absorbent cotton with alcohol and winding it around the base of the cord. Over the entire cord place a large piece of dry cotton. The cord is dressed each day in a similar manner, omitting the alcohol after the first dressing, unless there should be an odor (which is seldom). In that case the cord is bathed well with alcohol and dressed with dry cotton, and will in most cases heal rapidly, and come off in three or four days.
Pennsylvania.
M. F., R.N.

JOURNALS WANTED

DEAR EDITOR: I am desirous of obtaining a full set of the JOURNAL for a nucleus around which to establish a nurses alcove in the medical library of this city. The Georgia Medical Society has very kindly offered the Registered Nurses' Association of Savannah the use of some twenty-five current medical journals. We trust that the use of such may increase the usefulness of the nurses toward the physicians whom they endeavor to serve. If there are nurses who have old copies of the JOURNAL that they do not care to keep, will they kindly communicate with
J. VAN DE VREDE,
City Hall, Savannah, Ga.

[Two interesting letters by "A Western Nurse" and "Illinois" are being held because the writers have not complied with the rules of the letter department by sending their full names and addresses as well as the signatures they wish used. If these are supplied, the letters will be published.—ED.]

NEWS ITEM.—Too late for classification.

GEORGIA

THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold annual examinations in Atlanta, Savannah and Augusta, on April 1, 2, and 3, 1913. Applications for admission must be filed at least 15 days in advance of above date. Blanks and full information mailed on request.

E. R. DENDY, *Secretary*,
822 Greene St., Augusta, Ga.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE AMERICAN NURSES' ASSOCIATION

NOTICES TO MEMBERS

THE EXECUTIVE COMMITTEE asks all members of the American Nurses Association to pay dues before April 30, 1913, as it is desirable that no dues be paid at the time of the annual meeting. The following is the portion of the By-laws which explains the amounts to be paid:

ARTICLE VIII

Dues

- SECTION 1. Each Association shall pay an initiation fee of five dollars.
- SEC. 2. The minimum annual dues for any organization shall be five dollars.
- SEC. 3. The annual dues of any State Association shall be ten dollars.
- SEC. 4. Annual dues of any county or city organization, or one of a national character consisting of more than fifty members, shall be ten dollars.
- SEC. 5. Annual dues of alumnae associations shall be fifteen cents per capita.
- SEC. 6. Annual dues of permanent members shall be two dollars.
- SEC. 7. All dues shall be paid in advance not later than April 30th.
- SEC. 8. Every organization paying on a per capita basis shall pay dues each year on the basis of membership the first day of January of that year, except that for the first year dues shall be paid on the basis of membership at the time of admission.

Kindly send all dues to Mrs. C. V. Twiss, treasurer, 419 West 144th Street, New York, N. Y.

Will all those who made pledges to The Nurses' Relief Fund while at the convention held at Chicago, June 6, 1912, kindly redeem those pledges as soon as possible? Send checks to Mrs. C. V. Twiss, R.N., Treasurer, 419 W. 144th Street, New York City.

CONVENTION NOTICES

The sixteenth annual convention of the American Nurses' Association will be held in Atlantic City, N. J., June 25 to 27, inclusive, 1913. Headquarters of the American Nurses' Association will be The Chalfonte. Rates of hotels will be given later. All permanent members and associations in good standing will receive a credential card one month in advance, with a letter of instruction. All members, delegates and guests expecting to attend the convention, are requested to ask for a certificate when registering at the hotel desk, which is to be presented at the Registration Bureau with the credentials. All meetings of the American Nurses' Association will be held at the Steel Pier, at the entrance of which the Registration Bureau will be located. The pier is about five minutes' walk from the Chalfonte. A committee of hostesses will be at the hotel and the Pier to assist in welcoming delegates, members and guests.

There will be no committee on transportation, but all members are advised to consult local railroad agents, who will be able to give information regarding any special rates which may be taken advantage of.

TENTATIVE PROGRAMME

The annual meetings of the National League of Nursing Education and the National Organization for Public Health Nursing will precede those of the American Nurses' Association.

TUESDAY, JUNE 24th, 2-5 P.M.—Registration of members, and delegates.

WEDNESDAY, JUNE 25th, 9-10 A.M.—Registration desk will be open. 10-12 A.M.—Business meeting for permanent members, charter members and delegates only. Reports of Committees, etc. 2 P.M.—Joint meeting of the three national organizations. Invocation, Rev. Newton W. Caldwell, D.D., of Atlantic City; Address of Welcome, Hon. William Riddle, Mayor of Atlantic City; Responses, Isabel McIsaac, Mary C. Wheeler, and Lillian D. Wald; Paper, "The Nurse as an Educator," Adelaide Nutting; social hour at The Chalfonte.

THURSDAY, JUNE 26th, 10-12 A.M.—Business session for members and delegates only. 2 P.M.—State registration, general resume, Jane Elizabeth Hitchcock. "Some state regulation upon the appointment of faculties of training schools, their number, preparation and status." "Should there be a national committee on amendments and standards?" "Is compulsory registration desirable and how may it be obtained?" "Future administration of registration laws." "How should inspection of training schools be made?" "Reciprocity." "How may the graduate nurse be induced to register?" "The value of registration to the individual nurse." 8 P.M.—Sectional meetings: Red Cross; State registration and Boards of Examiners; Post Graduate Work; Private Duty Nursing; Problems of Small Hospitals. The sectional meetings will be held at the several headquarters of the associations.

FRIDAY, JUNE 27th, 10 A.M.-12 M.—Paper—"Status of the nurse in the working world," Lavinia L. Dock. Paper, "The Nurse and the public health." Paper, "Efficiency in the nursing profession." 2 P.M.—Paper, "The next best thing for the nursing profession." Presentation by the chairmen of the different conferences of all resolutions of importance acted upon at the conferences. Report of committee on resolutions; unfinished business; election of officers; adjournment.

NOTE.—Questions on any subject must be sent to the secretaries of the associations, who will turn them over to the chairman of each special conference before June 23d.

JOURNAL DIRECTORS

At the annual meeting of the American Journal of Nursing Company, held in New York City, January, 1913, the following directors were elected: Mary M. Riddle, Massachusetts, and Annie W. Goodrich, New York (re-elected); Clara D. Noyes, New York; Minnie H. Ahrens, Illinois; Ellen Stewart, Nebraska; Mrs. Harvey D. Burrill, New York; Charlotte W. Dana, Massa-

chusetts. At the first meeting of the new board of directors, the following officers were chosen: president, Clara D. Noyes, Bellevue Hospital, New York City; secretary, Minnie H. Ahrens, 3919 Jackson Boulevard, Chicago; treasurer, Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

NATIONAL LEAGUE OF NURSING EDUCATION

Any member of the National League of Nursing Education in good standing who did not receive a copy of the report of the last annual meeting in Chicago, may procure one by sending a correct mailing address, together with 14 cents postage, to Jessie E. Catton, Secretary, Springfield Hospital, Springfield, Mass.

ANNOTATED LIST OF TEXT AND REFERENCE BOOKS

In the pamphlet on the above subject issued by Teachers' College, New York City, is a list of periodicals devoted to nursing and hospitals. On page 60 a printer's error gives the wrong publisher's name for the *British Journal of Nursing*. This journal is published by the Nursing Press, Ltd., 431 Oxford Street, London, W., and not by Macmillan & Co.

NAVY NURSE CORPS

APPOINTMENTS.—Mary A. Balser, R.N., graduate of George Washington University Hospital, Washington, D. C.; Grace Beane, R.N., graduate of University of Virginia, Training School, University, Va.; Mary Brooks, R.N., graduate of the Rochester General Hospital, Rochester, N. Y.; Blanche Brown, graduate of Good Samaritan Hospital, Lexington, Ky.; Mary Chewning, R.N., Graduate of Georgetown University Hospital, Washington, D. C.; Margaret Haggerty, R.N., graduate of Philadelphia General Hospital; Jane G. Mooney, R.N., graduate of Hackensack Hospital, N. J.; Anna J. Naughton, R.N., graduate of St. Agnes Hospital, Philadelphia, Pa., Post Graduate Municipal Hospital, Philadelphia, Pa.; Agnes M. Quinlan, R.N., graduate of Georgetown University Hospital, Washington, D. C.; Eleanore C. Smith, R.N., graduate of Jefferson Hospital, Philadelphia; Margaret S. Smylie, R.N., graduate Brownlow Hill Infirmary, Liverpool, England; Sarah Stebbins, R.N., graduate of Homeopathic Hospital, Buffalo, N. Y.; Elizabeth Steiner, R.N., graduate of Beth Israel Hospital, New York; Sadye E. Willoughby, R.N., graduate of George Washington University Hospital, Washington, D. C.

TRANSFERS: Julia T. Coonan, from Guam to Mare Island, Cal.; Helena E. Hoepfner, from Washington, D. C., to Norfolk, Va.; Della V. Knight, from New York to Mare Island, Cal.; Margaret Price, from Mare Island to Guam; Jean Allan, Annapolis, Md., to Washington; Anna I. Cole, from Annapolis, Md., to Norfolk, Va.; Katherine Doering, from Annapolis, Md., to Philadelphia; Antionette Monteferrand, from New York to Annapolis, Md.; Mary Ridgway, from Philadelphia to Annapolis, Md.; Mary A. Rostance, from Washington, D. C., to Norfolk, Va.; Margaret Smylie, from Washington, D. C., to Norfolk, Va.; Margaret Stephenson, from Washington, D. C., to New York; Margueritte Taylor, from Norfolk, Va., to Mare Island; Agnes G. Young, from Washington, D. C., to New York; Grace Beane, from Washington, D. C., to Norfolk; Ella

A. F. Blain, from Norfolk, Va., to Philadelphia; Mary Brooks, from Washington, D. C., to Norfolk, Va.; Nellie Campbell, from Washington to Philadelphia; Mollie Detweiler, from Washington to Philadelphia; Nell I. Disert (Chief Nurse), from New York to Canacao, P. I.; Mary H. Du Bose, from Naval Hospital, Chelsea, Mass., to Washington; Susie Fitzgerald, from Naval Hospital, Canacao, P. I., to Washington; Nellie R. Ferrell, from Naval Hospital, Norfolk, Va., to Mare Island; Katrina Hertzner (Acting Chief Nurse), from Naval Hospital, Norfolk, Va., to Naval Hospital, Chelsea, Mass.; Eleanor Langstaff, from Naval Hospital, Norfolk, to Mare Island; Alice Henderson, from Naval Hospital, Washington, to Guam; Florence T. Milburn (Chief Nurse), from Naval Hospital, Canacao, P. I., to Naval Hospital, Washington, D. C.; Mary T. O'Connell, from Mare Island to Canacao, P. I.; Ada M. Pendleton, from Canacao, P. I., to Mare Island; Elizabeth Reed, from Mare Island to Guam; Ethel R. Swan from Mare Island to Canacao, P. I.; Mary J. Anderson, Annapolis to Mare Island; Mary Chewing, from Washington to Annapolis; Anne D. Cockerille, from Chelsea, Mass., to New York; Anastasia M. Cowper, from New York to Chelsea, Mass.; Margaret Haggerty, from Washington to Norfolk, Va.; Anne Hoctor, from Washington to Norfolk, Va.; Mary L. Knudsen, from Annapolis to Mare Island; Sara A. May, from Norfolk to Annapolis; Nell McCarthy, from Annapolis to Mare Island; Louise M. Pits, from New York to Annapolis; Agnes M. Quinlan, from Washington to Annapolis.

PROMOTION: Katrina Hertzner, Acting Chief Nurse, Naval Hospital Chelsea, Mass., September 26, 1912.

HONORABLE DISCHARGE: Mary C. Nelson, August 23, 1912; Julia Fisher, September 9, 1912; Mary Palmer, October 25, 1912.

RESIGNED: Edna E. Stimpson, September 30, 1912; Laura B. Stone, September 30, 1912; Margaret S. Stephenson, October 1, 1912.

DISCHARGED: Eva B. McLaughlin, July 31, 1912.

LENAH S. HIGBEE,
Superintendent, Nurse Corps.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting in Waterbury, at the Second Congregational Church, on Feb. 5, Mrs. W. A. Hart, first vice-president, presiding. There was an exceptionally large attendance. An interesting talk on "Public Welfare," by Dr. Kilmartin, Board of Health Officer of Waterbury, was enjoyed by all present. Also several vocal selections by Mrs. Clark, of Waterbury. The meeting was then adjourned until the annual meeting in May and a social hour was enjoyed, the visiting members being delightfully entertained by the local nurses.

New Haven.—THE ALUMNÆ ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL held its regular monthly meeting at the nurses' home on February 6, the president, Miss Barron, in the chair. Routine business was discussed, several new members being admitted, with an unusually large attendance for this season of the year. In the absence of the regular secretary, Mrs. Wilcox, Miss M. K. Stack served temporarily. For the benefit of those alumnae members and graduates who are far away from New Haven, it may be of interest to know that the training school and hospital have recently been consolidated

under one management, that of the New Haven Hospital, Mr. Eli Whitney being president over all.

Hartford.—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting Feb. 13, 1913, at Center Church House; Mrs. Burton Hills presided. The minutes of the last meeting were read and accepted. Miss McGarry was appointed a delegate to the convention of the American Nurses' Association. The advisability of giving an entertainment or dance in order to replenish the treasury was discussed. A social half hour was enjoyed, Miss Harriet Hendricks acting as hostess. The refreshments were symbolic of St. Valentine's day. Mrs. Spencer Jewel sang several selections most pleasingly and she was accompanied by Mr. Arthur Priest, organist of Christ Church. The members deeply regret that their president, Alice McCormac, formerly with the Visiting Nurse Association, and for the past two months social worker for the Union for Home Work, is leaving to accept a position with the Pittston, Pa., Visiting Nurse Association, as supervisor and social worker. Their heartiest good wishes go with Miss McCormac.

NEW YORK

New York.—THE PUBLIC HEALTH EDUCATION COMMITTEE's schedule for the lectures at the Academy of Medicine for the month of March is: Wednesday, March 5, 8.15 P.M.—"Food: its Relation to Development"; Dr. David Bovaird, Jr., discussing "Obesity and Emaciation"; Dr. M. Alice Asserson, "Food for Babies"; and Dr. Armistead C. Crump, "Occupation and Diet." Thursday, March 13, 3.30 P.M.—"Common Skin Conditions"; Dr. Daisy M. Orlewan Robinson taking up "Hygiene of the Skin"; Dr. George M. Mackee, "External Causes of Skin Diseases"; and Dr. A. Schuyler Clark, "Internal Causes of Skin Diseases." Wednesday, March 19.—"Advances in Modern Medicine"; Dr. Alexis Carrel discussing "Transplantation of Organs"; Dr. Anna I. von Sholly, "Recent Methods of Control of Infectious Eye Diseases"; and Dr. Jacques Loeb, "Chemical Fertilization of the Animal Egg." Thursday, March 27.—"Common Contagious Diseases"; Dr. Matthias Nicoll, Jr., taking "Nature and Diagnosis"; Dr. Robert J. Wilson, "City Provision for Hospital Care and Prevention"; and Dr. Phoebe L. Du Bois, "City Provision for Home Care and Prevention." These lectures are held on alternate Wednesday evenings and Thursday afternoons.

THE CENTRAL CLUB activities during February included an evening with Mary E. Wood, of Boone University, Wu Chang, who gave her personal experiences during the revolution in China and a sketch of the Red Cross work in that country; a valentine party with dancing, and an evening devoted to chirosofophy, demonstrated by Amy Green. On March 14, after 8 P.M. Ruth Draper will entertain the members and their guests with monologues, and in March are: March 2, "Fatherhood of God, Love, knowledge and worship." On Sunday afternoons, 4 to 5 o'clock, Richard Morse Hodge, M.A., D.D., extension lecturer in Biblical literature, Columbia University, is conducting at the Club a course of six expositions on Biblical masterpieces. The subjects for March are: March 2, "Fatherhood of God, Love, knowledge and worship" (Hosea), illustrating, "Emblem and Discourse." March 9, "The Sower,

Prodigal Son, Sermon on the Mount," illustrating, "Parable and Address." March 16, "Abraham's Prayer for Sodom, The Lord's Prayer," illustrating "Prayer." Tea is served after five o'clock. May V. White will talk on the Bible, at the club, on Tuesdays in March, beginning with Tuesday, March 19, at 3.30 P.M. Tea will be served. Members are reminded that Friday is reserved as a "social day" at the club and they are asked to "drop in" with their friends for a cup of tea.

THE GUILD OF ST. BARNABAS will continue its "Mondays from three to six," at the Central Club during March. Members are invited to bring their friends.

THE ALUMNÆ OF THE NEW YORK POST-GRADUATE HOSPITAL voted to hold its dinner for the Class of 1913 at the Hotel Marseilles.

Charlotte Brooks, R.N., has been appointed night-supervisor at the New York Post-graduate Hospital.

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held a special meeting on February 11, at the Central Club, for the purpose of discussing the amendment to the Nurse Practice Act. Annie W. Goodrich, R.N., inspector of nurse training schools and chairman of the Committee on Legislation of the New York State Nurses' Association, spoke on "The Merits of and Reasons for the Proposed Amendment." There was free discussion and general endorsement of the amendment by one of the most enthusiastic gatherings the county association has ever held. Many of the members pledged themselves to do all in their power to bring influence and public opinion to bear upon the passage of the bill. The next regular meeting of the County Association will be at the Central Club on the evening of April 1, at 8 P.M. The committee on lectures has arranged a "Symposium" for that evening.

THE TRUSTEES AND WOMAN'S AUXILIARY BOARD OF THE NEW YORK POLYCLINIC HOSPITAL have been giving during February, Saturday teas to the convalescent patients. Friends of the hostesses were invited for these teas, which were given in the Solarium of the hospital, where all convalescents, old and young were assembled. Music, vocal and instrumental, was given, as well as dramatic readings. On one occasion two of the children who had played in "The Bluebird," gave a reading from "Midsummer Night's Dream." When one considers the very obvious effect of such a mental treat combined with the gratification to the eyes of the view over the river with the sun just setting and the wonderful blue of New York's twilight appearing, one longs for the time when such affairs shall be an every-day occasion.

THE NEW YORK POST-GRADUATE HOSPITAL NURSES' ALUMNÆ held its annual meeting on January 7, when the following officers were elected: president, Amy F. Patmore; vice-presidents, Charlotte Ehrlicher, Mrs. Perry Boynton, and Sarah J. Graham; secretary, M. Agnes Gibney, R.N., 304 East 20th Street; treasurer, F. E. Zeumer; members of the executive board, Emma Ramsay, Marion Seaver, and Mrs. Jane Varker, registrar at the club, 4 West 92d Street.

ST. LUKE'S HOSPITAL held graduating exercises for the nurses of the training school on the evening of January 29 in the chapel. Forty-five nurses were graduated. A reception followed the exercises.

MT. SINAI ALUMNÆ ASSOCIATION held its annual meeting on January 2 at the training school, with 28 members present. The officers elected are:

president, Elona Underwood; vice-president, Anne MacEdward; corresponding secretary, Mary R. Lee, Mt. Sinai Hospital; recording secretary, Emma Rogers; pension secretary, Edith Chapman; treasurer, Susie Shilliday; treasurer pension fund, J. Greenthal. The first payments from the pension fund were made on January 1. Of the 38 eligible members, only eleven have applied for aid.

On January 13 a dance was given by Mr. Kalman Haas in the training school. Rose Kaplan, class of 1894, has gone to Jerusalem to organize social welfare work and district nursing. Mary Thompson, class of 1911, is in charge of the Good Samaritan Dispensary. Florence Perry, class of 1896, has resigned her position as anesthetist in the Latter Day Saints Hospital, Salt Lake City, to take up private duty. Mabel Fletcher has resigned as supervisor of the Dispensary and is succeeded by May Slator, class of 1906.

Brooklyn.—THE ANNUAL MEETING OF THE ALUMNÆ ASSOCIATION OF NURSES, Kings County Hospital, was held on Friday, Jan. 7, in the Nurses' Home. The following officers were elected: president, Margaret Brennan, R.N.; vice-presidents, Annie Mack, R.N., and Mary Small; treasurer, Julia Donoghue, R.N.; secretary, Katharine Read, R.N.

New Rochelle.—THROUGH THE KINDNESS OF THE LADIES OF THE MANAGING COMMITTEE OF NEW ROCHELLE HOSPITAL, all the nurses have been made members of the Public Library, and a number of reference books for their profession, which, it is hoped, will stimulate the interest of the public, have been added to the shelves. The pupil nurses are being immunized from typhoid by the hypodermic injections of dead typhoid germs, following the method used in the army.

Troy.—THE HUDSON VALLEY LEAGUE OF NURSING EDUCATION met with Miss Arnold at the Samaritan Hospital, on January 11. The meeting was well attended and all enjoyed the excellent programme arranged by Miss Arnold, and later on the social hour and refreshments. The programme consisted of a very instructive talk on X-Ray work by Dr. Marsh, many interesting plates being shown, and a talk on tuberculosis work in Troy, by Miss Gillan, followed by an informal discussion. An interesting exhibit of useful articles and conveniences for the sick room had also been arranged for inspection. The next meeting is to be held at the Albany Hospital in March.

Schenectady.—THE SCHENECTADY COUNTY NURSES' ASSOCIATION met with Anna McGee, R.N., at the Nurses' Settlement, February 7. The amendment to the Nurse Practice Act was thoroughly discussed, previous to the splendid discourse on the subject by Dr. Louis Faust, in which he gave much encouragement to the nurses by the support he was able to promise from the Schenectady County Medical Association. Miss Lexow, of New York City, and Mrs. Hale, of Schenectady, were present and Miss Lexow gave a five minute talk on Equal Suffrage. Refreshments were served. On February 1 and 2 Dr. Rosalie S. Morton of New York City, lecturer for the New York State Health Department on "Sex Hygiene" talked to one thousand high school girls and women in the High School under the auspices of the Schenectady County Nurses' Association. Much interest and enthusiasm were manifested and requests for similar lectures have encouraged the nurses to provide another speaker for a date in March. Books and literature recommended by Dr. Morton will be on sale in a bookstore, and a committee has been appointed to get the same in the Public Library. The Central Registry, which was in a drug store during the past year, has

been moved to the home of Mrs. Fred Glock, R.N., where it is being conducted in accordance with the original plan of the association. The good management and prompt reply to calls have increased the demands of the Registry and show that it is past the experimental stage and is a necessity in the community.

Hornell.—THE GRADUATING EXERCISES, CLASS OF 1913, ST. JAMES MERCY HOSPITAL TRAINING SCHOOL, were held January 13 at the hospital building. Dr. Burtis R. Wakeman, president of the Training School Committee, presented the class to the staff physicians, board of managers and guests. Rev. F. J. Naughten addressed the class in a few well chosen words upon the work they are about to take up and presented the diplomas to the six young ladies. Julia A. Costello, R.N., superintendent of nurses, presented the hospital pins. Members of the staff congratulated the class upon its efficiency and with best wishes for success the entire party repaired to the dining-room where a banquet was served.

NEW JERSEY

THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES held a meeting at the office of the Board, 221 Clinton Avenue, Newark, on February 11, and an adjourned meeting on February 13, when routine business was transacted and certificates of registration were ordered issued to the applicants found eligible. Nurses residing in New Jersey are again reminded that in order to be registered without examination, application must be made prior to April 1, 1914.

DELAWARE

THE GRADUATE NURSES' ASSOCIATION OF DELAWARE has recently elected the following officers: president, Mrs. Estelle Hall Speakman, Claymont; corresponding secretary, Amy Allen, 2402 West Street, Wilmington.

PENNSYLVANIA

Philadelphia.—AT THE PHILADELPHIA CLUB FOR GRADUATE NURSES the large reception room is well filled every Tuesday afternoon, as there is always something interesting and instructive offered (unless the speaker is suddenly taken ill). On January 14, Rev. W. H. Burk talked of Valley Forge, the place that means so much to all patriotic Americans. January 21, Dr. Emma E. Musson told of her interesting work with Dr. Wilfred Grenfell in Labrador. Dr. Musson said Dr. Grenfell worked hard and had every one else do the same, but she wants to go back, and it is hoped that some of the nurses will give a summer to the work, or at least join the Grenfell Association. On February 4, Jane Campbell gave many good reasons why we should have "votes for women." The social hour with refreshments brings the nurses into closer touch with each other and helps them to realize that the club is a home for all. The first dance and card party, given by the club on January 23, was socially a great success. Almost every alumnae association in Philadelphia was represented. A nice sum was added to the treasury.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL OF PHILADELPHIA held its twenty-third annual meeting at the Philadelphia Club for Graduate Nurses on January 15. The treasurer's report for the year was very satisfactory. It was decided to ask the other alumnae associations of the city

to join with this one in forming a course of lectures on Parliamentary Law. The following officers were elected for 1913: president, Margaret M. Bratton, R.N.; vice-presidents, Isabella B. Close, R.N., Bertha M. Seldomridge, R.N., Lucy M. Griffith; recording secretary, Nettie W. Guthrie, R.N.; corresponding secretary, Sarah Slaughter Entwisle; treasurer, Helen F. Greaney, R.N. The members heard with sorrow of the death of Anna G. Davis, class of 1893. Several new pledges of \$1.00 for three years for the relief fund of the American Nurses' Association were made.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA had a very rainy day for the Meeting on February 3, but an interesting session was held nevertheless. Three new members were accepted. The secretary, Miss Rose, was instructed to notify the treasurer, Miss Giberson, to pay to the Nurses' Relief Fund \$25.00 for 1912, and the same amount for 1913. Three more members promised to pay one dollar a year for three years. The annual dance is to be held on April 2.

A BENEFIT CONCERT for the Children's Ward of the Hospital of the Women's Medical College of Pennsylvania, which was given in Witherspoon Hall, February 11, was well attended and greatly enjoyed by all.

THE PROTESTANT EPISCOPAL HOSPITAL ALUMNÆ ASSOCIATION held its February meeting in the Nurses' Home. After the regular business meeting Dr. Courtland Y. White, pathologist, gave an instructive address, his subject being "The Bureau of Health Laboratory in Relation to Infectious and Contagious Diseases." Carrie C. Tallman, R.N., recently chief nurse at the Polyclinic Hospital, Philadelphia, has been appointed superintendent of the Davis Fisher Sanitarium, Atlanta, Ga. Ada F. Fraelich, R.N., class 1908, has been appointed anesthetist of the hospital, for the third year. Maud Sudler, class 1911, has been appointed night supervisor of the Germantown Hospital, following Miss Mary Carmichael, whose duty took her home to care for her invalid mother, in Hamilton, Ontario.

THE NURSES' ALUMNÆ ASSOCIATION OF HOWARD HOSPITAL held a meeting at the hospital on January 8, with ten members present. Judith Houghton has resigned her position as head nurse at the Wills Eye Hospital and has returned to private duty.

THE ALUMNÆ ASSOCIATION OF THE PHILADELPHIA LYING-IN CHARITY HOSPITAL held its annual meeting at the hospital on January 2, when the following officers were elected: president, Miriam Wright; vice-presidents, Clara Steinmetz, Christine Gunn; treasurer, Frances Taylor; recording secretary, Adele Miconi; corresponding secretary, Lillian Ernest. After the meeting the nurses were addressed by Dr. Wm. R. Wilson, a former member of the hospital staff. The February meeting was held on the 6th, with an attendance of 22 members. The address of the afternoon was by Dr. Stricker Coles, a member of the hospital staff. At the March meeting the nurses expect to hear an address by Dr. Oliver Hopkinson, a member of the staff.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination of applicants for registration on Wednesday, May 21. Apply by mail to the secretary for blanks, which must be filled in and returned by

April 28. Katherine Douglass, Secretary and Treasurer, 418 East Capitol Street, Washington, D. C.

Washington.—THE COLUMBIA AND CHILDREN'S HOSPITALS ALUMNÆ ASSOCIATION held its January meeting on the 8th at the Children's Hospital, by invitation of the superintendent, Miss Wadworth, special invitations having been sent to the members. After a social hour, the members were shown the new hospital. Miss Grey, who has been connected with the Children's Hospital, Toronto, was present as a guest. She was pleased with the special suites built for the accommodation of the mothers who come to the hospital with their children. The alumnae appreciate Miss Wadworth's interest in them.

MARYLAND

Baltimore.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its tenth annual meeting on the 3d and 4th of February. The first session being a business meeting was open to the members alone. In her address, Mrs. Foster, the president, urged the nurses to keep themselves in touch with all the efforts that are being made for the betterment of women. She asked that every nurse who has not read Miss Dock's "Hygiene and Morality" procure a copy and after reading it pass it on. The reports of the committees were most encouraging. About fifty new members were received into the association during the year. Miss Brogden, who has charge of the social service department of Johns Hopkins Hospital, read a most interesting paper on the work of this branch of the hospital's work. In order to give a large number of Miss Nutting's friends, not confined to the nursing profession, an opportunity to hear and greet her, the second session was held in Osler Hall on the evening of the 4th. Dr. J. M. T. Finney introduced Miss Nutting, and at the end of her address Dr. Henry M. Hurd, who was associated with Miss Nutting in her work at Johns Hopkins Hospital, spoke of the pleasure it was to have her present. To Miss Nutting's untiring efforts while superintendent of Johns Hopkins Training School was due the birth of the state association. This work, together with the great uplift her presence always inspires, made her visit and address one of keen pleasure, but better still has left the members with the will and determination to stand together, and strive for a standard that can be attained only by culture and education.

The reception which followed the addresses was in charge of Sarah F. Martin, and was so happily planned and carried out that it will long be remembered as one of the most delightful gatherings the association has had since its organization. The officers elected for the coming year are: president, Mrs. E. P. Clarke; vice-presidents, Elsie M. Lawler, Mary C. Packard; secretary, Effie Taylor; treasurer, Ellen N. LaMotte; members for two years, Irene Doll, Mrs. Wm. Hurst, Mary E. Lent; members for one year, Elizabeth Nelson, Sarah F. Martin, Mrs. Geo. Sargent.

THE STOCKHOLDERS OF THE CENTRAL DIRECTORY OF REGISTERED NURSES, INC., held the fourth annual meeting on January 8, in the Medical and Chirurgical Library. The reports of the president, treasurer and registrar were all encouraging. The treasurer reports an increase from \$463.50 for registration fees in 1910, to \$1317.50 in 1912. While the growth of the registry is not a

markedly rapid one, it is steady and healthy. The work has grown enough to warrant the employment of a graduate nurse as assistant registrar. The Board of Directors for the coming year is as follows: president, Sarah F. Martin; vice-president, Sarah G. Haydock; treasurer, Mary C. Packard; secretary, Clara E. Query; members, Anna Short, Mary E. Lent, Mrs. E. P. Clarke; registrar, Clara E. Query.

THE ALUMNÆ ASSOCIATION OF THE MARYLAND UNIVERSITY HOSPITAL TRAINING SCHOOL held its annual meeting in the living room of the nurses' home. After the business meeting, tea was served and a delightful social hour spent. The following officers were elected for the ensuing year: president, Clara E. Query; vice-presidents, Mary Gavin, Mrs. Page Edmunds; secretary, Jane R. Garner; treasurer, Mrs. Nathan Winslow.

MARY C. PACKARD and Clara E. Query spent the last week of January in Jacksonville, Fla. These nurses were sent for, to help the Florida nurses with their new state organization and to assist them in drafting their bill for state registration.

THE NURSES' HOME OF THE JOHNS HOPKINS HOSPITAL has been the recipient of a gift which is greatly valued, a portrait of Isabel Hampton Robb, painted by Sargent Kendall. The Club House has recently received a beautiful photograph of Mrs. Robb.

THE GRADUATE NURSES OF THE HEBREW HOSPITAL met in the new nurses' home, December 11, and organized the Nurses' Alumnae Association of the Hebrew Hospital Training School. The following were elected as officers to serve for the ensuing year: president, Lula Kuhleman; vice-president, M. C. Snee; recording secretary, Mrs. R. D. Pistel; corresponding secretary, L. Baer; treasurer, Goldie Collins.

VIRGINIA

STATE BOARD QUESTIONS FOR EXAMINATION OF NURSES, DECEMBER 6, 1911

SURGERY AND GYNÆCOLOGY

1. (a) Define sepsis. (b) How does the germ gain entrance into the human structure? (c) Give symptoms. 2. Give the nurse's responsibility in aseptic surgery. 3. Give routine nursing precautions to prevent post-operative pneumonia. 4. What would you do in case of hemorrhage after removal of tonsils? 5. Give instruments and dressings used in gynæcological treatment. 6. Define Sims position. Trendelenburg position. 7. What are the different degrees of burns? Describe the surgical treatment of burns. 8. Give treatment of broken bone till the arrival of surgeon. 9. Name five disinfectants and describe how to use them. 10. Give early symptoms of hip-joint disease.

DIETETICS

1. Name the principal chemical elements contained in the human body. 2. Why is a mixed diet necessary? 3. How would you prepare beef juice? How much juice will one pound of beef make? 4. Give examples of liquid and soft diet. 5. What would you give a typhoid patient when he is first allowed solid food? 6. What point should always be observed in cooking cereals? Mention a complete food.

NURSING OF CHILDREN

1. Give the capacity of an infant's stomach at birth, at one month, at two months. 2. How much ought an infant to be fed in the first two months, and what ought to be its gain in weight? 3. Explain gavage. When is it used? 4. How do the symptoms differ in membranous and spasmodic croup? 5. What diet would you give in diphtheria? If the child were unable to swallow what would you do?

CONTAGIOUS DISEASES

1. What precautions would you use in nursing contagious diseases? How would you disinfect afterwards? 2. Mention some of the complications in scarlet fever. What diet would you give, and why? 3. What complication is most to be feared in diphtheria? How would you guard against it? 4. What is the chief danger in measles? Describe the different stages in small-pox. 5. Describe syphilis. Give symptoms. In which stage is it most contagious? Can it be inherited?

HYGIENE AND BACTERIOLOGY

1. Define hygiene. What are the principal factors in maintaining health? 2. Mention five diseases that may be carried and communicated by floating dust. Mention three diseases that may be taken into the system through contaminated water or dust. 3. Tell the ways in which milk may be infected; water. 4. What are the conditions most favorable for the cultivation of germs? 5. Give instructions for quarantining a contagious case.

ANATOMY

1. Name the four distinct tissues of the body. 2. Locate the tibia; femur; sternum; scapula. 3. Name and locate two serous membranes. 4. Describe the pelvis. What does it contain? 5. Describe the aorta. 6. Name three kinds of movable joints and give examples of each.

PHYSIOLOGY

1. Starting from the left ventricle, trace the circulation of the blood back to its starting place. 2. Where do we find Peyer's patches? What disease especially affects them? 3. What class of foods require the greatest amount of mastication, and why? 4. Name the excreting glands of the body, and the products of each. 5. Describe the appearance of venous blood, of arterial blood.

NURSING ETHICS

1. If you had made a mistake in administering medicine ordered, and you knew that the mistake would do no harm, would you report it? To whom? 2. Should you have been called to a case through the preference of the patient and you knew that your personality was not acceptable to the physician in charge, what would you do? 3. If you had an obstetrical engagement for January 1st and one for February 1st, each for two weeks, and the January one called you on the 28th of January, and the February case on February 1st, what would you do? 4. If you were on a case with another nurse, and she

was not a registered nurse, but had led the physician and family to suppose that she was, what would you do? 5. If you were the second nurse on a case and two were no longer required, and you were asked to keep the case, what would you do?

OBSTETRICS

1. How many stages of labor are there? Describe each. When should the doctor be summoned? 2. How should the uterus feel under the hand after the delivery of placenta? What condition would lead you to think there might be post-partum hemorrhage? Mention three methods the nurse might employ to control hemorrhage until the arrival of the doctor. 3. Name three complications that may arise during puerperium. Give severe symptoms of each that may make the nurse fear them. 4. What is the nurse's first care of the new-born infant? 5. How many times should the umbilical cord be tied and why? In caring for cord what special precautions must be taken? When does the cord usually separate? 6. How soon and how often should the baby be put to the breast and why? 7. How would you make and apply a breast bandage? 8. In the care of an unmarried mother, what advice would you give regarding the baby? State reasons. 9. What is a blue baby? Outline care to be given. 10. Define the following terms—multipara, subinvolution, lochia, colostrum, viable, meconium.

MEDICAL NURSING—URINALYSIS: MATERIA MEDICA

1. For what purpose is a bath given? Why is a cleansing bath important? 2. What is tuberculosis? What are some of the early, usual symptoms of incipient tuberculosis? What per cent. of moderately advanced cases die? 3. What would you do if your patient had severe pulmonary hemorrhage? And what is considered the best after treatment in such a case, as to diet, drugs, and so forth? 4. How is the disease communicated, and what course must be pursued if it is ever to be wiped out? 5. What precautions would you consider adequate for a nurse to use for the safety of the family and herself in caring for a case of tuberculosis? 6. What causes typhoid fever? Outline care of patient. What would you do in case of hemorrhage? 7. Define the following terms, lysis, crisis, immunity, inunction. 8. How would you administer a hot pack? 9. In what different ways may medicine be introduced into the body? By which method would you obtain the quickest action? 10. What would you do for a case of opium poisoning? Bichloride poisoning? 11. How would you prepare normal salt solution? In what way may it be administered? 12. What are diaphoretics? Anodynes? Diuretics? Astringents? Two examples of each. 13. When strychnia is being taken regularly what symptoms should be reported? 14. What is meant by specific gravity? What is the normal specific gravity of urine? 15. Define retention; suppression; incontinence.

FLORIDA

THE FLORIDA STATE ASSOCIATION OF GRADUATE NURSES held its first annual convention in the Board of Trade Building, Jacksonville, January 29, 30 and 31. Great enthusiasm was shown by the large number present. An inspiring talk

on legislation, given by Mary C. Packard, of Baltimore, was received with much interest and appreciation. Other interesting features of the programme were papers on "Red Cross Nursing," by Anna Davids, of Miami; "Ethics of Private Duty Nursing," M. E. Parish, Tampa; "Nursing at Panama," Mrs. Brown; "Central Registry," Clara E. Query, Baltimore; "The Mosquito," J. Hiram Byrd, M.D.; "The Nurse from the Doctor's Viewpoint," J. E. Boyd, M.D.; "Orthopedic Work in Florida," Raymond C. Turck, M.D.; "The Child," Marcus C. Fagg; "Public Health Work," Charles E. Terry, M.D.; "District Nursing," Irene R. Foote, Jacksonville; "Medical Inspection of Public Schools," Jessie M. Wilson, Jacksonville; "Organized Charity," Rudolph T. Solensten; "Standard of Nurses' Training Schools," Anna Rutherford, St. Augustine; "Private Duty Nursing," M. E. Pruett; "Nursing in English Hospitals," Rosa H. Law. A banquet was served on the evening of the second day, and an automobile sight-seeing trip was given on the afternoon of the last day. The officers of the association are: president, Mary A. Baker, St. Luke's Hospital, Jacksonville; vice-presidents, Hylda M. Ffoulkes, Bell Frances; secretary, Anna L. O'Brien, 26 East Second Street, Jacksonville; corresponding secretary, N. L. Flanagan, DeSoto Sanitarium, Jacksonville; treasurer, Isadora Roof. A bill for state registration will be introduced in the legislature at its spring term. It has many strong supporters.

KENTUCKY

Louisville.—THE JEWISH HOSPITAL opened its new home for nurses, "The Bernheim," on December 19, the gift of Mrs. Bernheim. The first class was graduated from the hospital on January 12.

TWO SCHOOL NURSES are at work this year supported by the Associated Charities and the Parent-Teachers Club, respectively. It is hoped that more will be added by the city next year, so that all the work may be handled. The public health nurses of the city called a meeting on February 20 to organize an association of public health nurses.

OHIO

Dayton.—THE ASSOCIATION OF GRADUATE NURSES OF DAYTON, OHIO, AND VICINITY held its annual meeting in the Nurses' Home of Miami Valley Hospital, January 21, Alvira Morgan presiding. The attendance was very good. A short business session was held, and the campaign to secure State Registration for nurses in Ohio was discussed at length. Red Cross work was touched upon and nurses were urged to show their interest in the matter. The remainder of the session was given over to Ella Haas, deputy state inspector of factories and workshops, who gave a very interesting talk on her work, and brought out many things that were of especial interest to visiting nurses. The value of having nurses in factories was emphasized and numerous personal experiences related. Changes in industrial conditions affecting women were given much consideration. In the discussion the opinion was expressed that the Ohio 54-hour-a-week law cannot apply to the nursing profession in general, or to hospital service, although as a matter of fact the larger and more progressive hospitals of the country are endeavoring to reduce the daily work period of the nurses.

Columbus.—THE MT. CARMEL HOSPITAL TRAINING SCHOOL ALUMNÆ ASSO-

CIATION held its regular monthly meeting in the hospital assembly hall on February 7, Magdalene S. Meyers, the president, in the chair. The attendance was good and much interest was shown. It was agreed that the association should donate \$10 to the Nurses' Relief Fund. A social hour followed the meeting. Bessie L. Bontius, class of 1912, has been appointed a school nurse.

MICHIGAN

THE MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting at Muskegon, April 30, May 1 and 2, 1913.

Detroit.—THE WAYNE COUNTY NURSES ASSOCIATION at its annual meeting elected the following officers: president, Mrs. L. E. Gretter; vice-presidents, Mathild Krueger, C. P. Vanderwater; recording secretary, Emily Rankin; corresponding secretary, Elizabeth Hosig; treasurer, Agnes Deans. The association endorsed the resolutions of the state and national associations condemning the wearing of the nurse's uniform on the street.

ST. MARY'S HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the hospital on January 9. The following officers were elected: president, Miss Blue; vice-presidents, Miss Mahon, Miss Wehing; treasurer, Miss McIntee; secretary, Miss Affeld; corresponding secretary, Miss Seiferle; directors, Misses St. Amour, Dooher, Martin, Quirk, Giles.

THE GRACE HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting on February 11, at the Helen Newberry Nurses' Home. The meeting was very largely attended. Ten new members were added to the association. Victoria Ferrari was chosen to fill the vacancy caused by Miss Humphrey's resignation as treasurer. Great sorrow was expressed for the death of Mrs. Helen H. Newberry, who for many years has been a kind and faithful friend to the nurses. The members were agreeably surprised to hear that Mrs. Newberry had endowed a room for the graduate nurses of the training school. It will be available about March 1. The graduates of the hospital gave a very successful and enjoyable dance at the Knights' of Columbus Hall, on January 28. There was a very large attendance. Helen D. Humphreys, class of 1905, has resigned as night supervisor of the hospital. She is succeeded by Gertrude M. Hock, graduate of the Sibley Memorial Hospital, Washington.

Grand Rapids.—THE BUTTERWORTH HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular monthly meeting at the hospital, February 3, Miss V. Gifford presiding. A benefit fund for sick and needy nurses has been started. Ways and means were discussed.

WISCONSIN

THE BOARD OF DIRECTORS OF THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting February 5, at 278 Pleasant Street, Milwaukee. There were ten members present. Bills amounting to \$45.01 were approved and treasurer instructed to pay same. Reports of committees were then read, that of treasurer showing a slight discrepancy. On motion of Mrs. Bradshaw, the president appointed an auditing committee, consisting of Mrs. Kohlfaat, Misses Katz and Newhouse. Miss Kelly then read a report of the meeting of the presidents of this section called by Miss Gladwin to meet in Chicago, January

29. The report was most interesting and brought out considerable profitable discussion. Letter from Miss Johnson in regard to post-graduate work in infectious diseases was read, and secretary instructed to write Miss Johnson saying the matter would be called to the attention of as many nurses as possible and brought up at the next meeting in April. Questions in regard to reinstatement of nurses, failure of nurses to receive their JOURNALS and new nursing organizations were discussed and secretary instructed to write letters in regard to questions. La Crosse and Eau Claire extended invitations for the next regular meetings to be held in their cities. La Crosse was chosen and the president with two other members was to constitute a program committee for that meeting which is expected to be an all-day session. Motion was made that the board hold quarterly meetings in Milwaukee, the next being May 7, in the evening, expense of non-resident members to be defrayed by the association, Milwaukee being chosen as the place least expensive for the association.

MINNESOTA

Brainerd.—THE NORTHERN PACIFIC BENEVOLENT ASSOCIATION TRAINING SCHOOL FOR NURSES held graduating exercises on January 17, in Elks Hall, for a class of five nurses. The address was given by Dr. J. A. Thabes. The exercises were followed by a reception in the nurses' home. On the following day the alumnae association of the school held its annual meeting in the nurses' home, when officers were elected and five new members were admitted. A banquet followed the meeting, with covers laid for thirteen.

ILLINOIS

Chicago.—THE MICHAEL REESE NURSES' ALUMNAE ASSOCIATION at its annual meeting in January elected the following officers: president, Miss Van Velzer; vice-president, Mrs. W. E. Bache; treasurer, Jessie P. Scott; secretary, Helen Hubbell. Eleanor Olaison and Gertrude Davidson have gone to Paris to do work in the American Hospital. Florence Atwohl has been appointed a head nurse in the hospital, succeeding Edith Mayor. Theresa Brutenhirt has resigned her position at the German Hospital, and will engage in private duty.

JESSIE BRADLEY has resigned her position at St. Luke's Hospital to become Miss Stewart's assistant at the Henrotin Hospital. Miss Strohmeier is surgical nurse. Miss Jackson has accepted a position in the German Hospital, San Francisco.

EDNA OLSON STUART, graduate of the Hahnemann Hospital, is spending some months in Europe. Virginia Townsend, after an extended sojourn in the west, is again doing private duty in Chicago.

Springfield.—THE ALUMNAE ASSOCIATION OF THE SPRINGFIELD HOSPITAL AND TRAINING SCHOOL held its first annual meeting on January 4, at the hospital. In the absence of the secretary, Miss Tittman acted as secretary pro tem. Opening remarks were made by the president, Miss Metzger. The chair then appointed the following committees: Visiting Committee, Ionia Taff, chairman; Educational Committee, Anna Pfeffer, chairman; Social Committee, Agnes Jenssen, chairman. The names of five new members were presented, making a total of twenty-one members now enrolled. The plan for a nurses' register to be installed in the hospital was discussed, and Miss Reid was

appointed chairman of a committee to report at the next meeting. Anna L. Tittman, city school nurse, addressed the meeting on "Responsibility of the Alumnae Association Members." A letter of greeting was read from Ethel Hinson, of Decatur. The meeting adjourned and was followed by a social hour. Light refreshments were served. Thirteen members were in attendance. Miss Walke, superintendent of nurses, was a guest of the association. The next meeting will be held on April 5.

INDIANA

Indianapolis.—THE PROTESTANT DEACONESS HOSPITAL has secured as superintendent of nurses, Beatrice Murdock, of Ashland General Hospital, Ashland, Wis., post-graduate of Grace Hospital, Detroit; as assistant superintendent, Bessie Climer; as supervisor, Hattie Post; night supervisor, Mrs. Witt.

IOWA

Clinton.—SARAH ALICE WARREN, one of the pioneer nurses of the city, is critically ill, having been in a hospital for over two years as a result of a fall sustained while caring for a typhoid patient in a country place. Miss Warren has been nursing in Iowa since 1881, and is a member of both state and national associations.

NEBRASKA

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES met in Omaha, at the Y. W. C. A. assembly room, on January 21. The morning session was devoted to business, reports of committees, etc. One decisive forward step was taken by the association in the appropriation of funds toward placing an inspector of training schools in the field for a part of the time. At the afternoon session Miss Wheeler, secretary of the Illinois Examining Board and Inspector of Training Schools, addressed the association on the subject of State Registration. The address was full of practical ideas, expressed in a manner to impart a portion at least of her own earnestness and enthusiasm to her hearers. At the close of the address a rising vote of thanks was given Miss Wheeler. From four to five P.M. an informal reception was given to Miss Wheeler by the nurses official directory of Omaha. The meeting then adjourned to meet at Lincoln the 3d Tuesday in April, 1913.

Omaha.—THE SUPERINTENDENTS' SOCIETY gave a musical and social evening to the senior classes of all the schools on the evening of January 18, in Jacobs Hall. About sixty nurses were in attendance. On the afternoon of January 20, Miss Wheeler addressed the members of the Nurses' Official Directory and the senior classes on the subject of "Nursing Ethics." The official directory reports 115 active members, and is most satisfactory, both as to growth and efficiency.

Lincoln.—THE TRAINING SCHOOL FOR NURSES of the State Hospital for the Insane held commencement exercises on the evening of January 21 for a class of ten. The invocation was given by Dr. F. A. Stuff, followed by an address by Dr. B. F. Bailey, of Green Gables, and then by a symposium on "Our Hospital," Dr. Clarence Emerson; "Our Training School," Dr. Hallie L. Ewing, and "Our State," Dr. L. B. Pillsbury. The diplomas were presented by the

superintendent of the hospital, Dr. B. F. Williams. A reception followed the exercises. The class colors are blue and white. The superintendent of the training school is Ruth Swann, R.N.

MISSOURI

St. Louis.—THE CITY HOSPITAL MEDICAL SOCIETY ALUMNI held a reception on the evening of December 23 in the parlors of the St. Louis Training School in honor of Emma L. Warr, who for many years was the untiring superintendent of nurses. The physicians who had served with her in the years that are gone wished to pay tribute to her during her life, that she might appreciate it. The real object of the meeting was to present to her a very exquisite watch in which was engraved the following: "To Miss Emma L. Warr, from the Medical Society of the City Hospital Alumni, in recognition of 25 years of faithful service as a pioneer teacher of the Trained Nurse in the Southwest, St. Louis." Miss Warr is a graduate of the New York Hospital Training School and came to St. Louis in 1885 to take charge of the training school that was just being established in the city hospital, she being the pioneer graduate nurse of the southwest. As the result of her efforts the school is the oldest and best established in the west. She is a born nurse and teacher and has always under all circumstances been loyal to her training. She has instilled loyalty and a love for the work into her pupils. Her highest aim has always been to graduate, not only good nurses but good women to whom she can point with pride. Her great desire has ever been to elevate the nursing profession. May she live many years to rejoice in the fruit of her labors. She retired from active work two years ago. The present superintendent is Miss M. A. Gillis.

OKLAHOMA

THE OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES joined the State Federation of Women's Clubs at its last annual meeting. Idora Rose Scroggs, president of the Nurses' Association, has been made a member of the legislative committee, of twenty members, of the Federation, which will take active part in promoting the success of bills to be introduced in the interest of women and children. The Federation and the Department of Charities and Corrections will give the nurses their support in the amendment to their bill, making registration compulsory.

COLORADO

Denver.—THE TRAINED NURSES' ASSOCIATION OF DENVER held its regular meeting on February 3, the president, Maud McClaskie, in the chair. The minutes of the previous meetings, and the reports of the treasurer and superintendent of directory, were read and approved. The chairman of the nomination committee read the list of officers to be elected for the coming year, and to be voted on at the March meeting. A vote was taken by ballot for the superintendent of the Nurses' Directory and Miss Hargrave was re-elected. A motion was made and carried, that any nurse reporting out on a personal call, should retain her place on the directory list. It has been customary for the nurses

to pay a directory fee of \$5.00 a year, payable in advance, said sum to cover \$200.00 worth of work, and on any money earned in excess of this, on directory calls, the nurse has paid three per cent. The motion was made that this percentage be dropped and that instead, there be a flat rate of \$8.00 a year, paid semi-annually in advance. As this change would necessitate a revision of one of the by-laws, it was moved that the question be postponed to the next regular meeting, in order that all members be notified in time to vote on it.

WASHINGTON

Tacoma.—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held its regular monthly meeting on February 3, in the Nurses' Home of the F. C. Paddock Hospital, with a fair attendance of members. After the routine business, one application was accepted. A letter was read from Miss Cooke, editor of *The Pacific Coast Journal of Nursing*, asking that all interesting papers read before the association, should be forwarded to her for publication. The members listened to an instructive paper on "Massage," by Miss Chapman, who has lately returned from the East where she took a thorough course in massage and hydrotherapy; Miss Chapman kindly answered all questions asked; and this was followed by a discussion of several interesting cases, by those present. Mrs. Cummings suggested that during the absence of Miss Ross from the city, Miss Powell should serve in her place on the board of trustees, Miss Williams to take Miss Mulroy's place on the standing committee. Adjourned to meet March 3, 1913.

OREGON

Portland.—AT THE NATIONAL CONVENTION in Chicago, it was proposed that the country be divided into nursing districts, California, Washington, Oregon, and Idaho constituting the Western district. At the suggestion of Mary E. Gladwin, of Akron, Ohio, chairman of the committee, Miss Wilkinson called a meeting of the presidents of the associations of the four states to convene in Portland, Oregon, January 27. This call was answered by Miss Wilkinson, president of Washington State Association; Mrs. Cragin, president of Idaho State Association; Miss Hyde, secretary of California State Association; Mrs. Cummings, treasurer of Washington State Association, and Miss Jane V. Doyle, who represented the president of the Oregon Association, Miss Donaldson, who was unable to attend. The meeting was held at the Seward Hotel, Miss Wilkinson acting as chairman and Mrs. Cragin as secretary. The purpose of the meeting was explained in a letter which was read from Miss Gladwin. The plan of permanent organization and subsequent meetings was discussed. It was thought that much good could be done in such co-operation in stimulating the present friendly relation existing between the states and in the exchange of ideas and plans for future work. The only objection to the organization of the Western district lay in the question of distances and expense of travel. It was suggested that in the event of any state being unable to send a delegate to the national convention, one or two delegates might be sent by the district, subject to the requirements of the by-laws of the American Nurses' Association. The delegates emphasized the importance of the national convention, and in the

event of permanent organization, would not want the district meetings to interfere in the least with the national meetings. Favorable comment was made in regard to the *Pacific Coast Journal* and its importance in the Western district. As an afterthought, Miss Hyde, of California, suggested that the Western district might meet in biennial session, the meetings to alternate with the regular annual meetings of the state associations. The Oregon nurses were most courteous to the delegates and treated them to an automobile ride over the city and extended to them an urgent invitation to attend the annual meeting of the Oregon State Association in Portland, January 29.

CALIFORNIA

Pasadena.—THE GRADUATE NURSES' CLUB AND NURSES' CENTRAL REGISTRY has changed its address to 466 Center Street. Mary Peterson is the registrar.

San Mateo.—THERESA ERICSEN has taken up the work of massage and hydrotherapy.

BIRTHS

ON December 23, at Buffalo, N. Y., a daughter, to Mr. and Mrs. F. A. Kunz. Mrs. Kunz was Zoe Tuthill, class of 1909, Solvay General Hospital, Detroit. She had practised her profession in Warren, Pa.

ON December 15, at John Island, Ontario, Can., a son, Kenneth Grant, to Mr. and Mrs. Oscar McEwan. Mrs. McEwan was Jean Grant, class of 1911, Mt. Sinai Hospital, New York City.

ON December 14, at York, Pa., a daughter, to Mr. and Mrs. William T. Ellis. Mrs. Ellis was Margaret McKinnon, class of 1899, Johns Hopkins Hospital.

ON January 10, at Baltimore, Md., a daughter to Dr. and Mrs. Rhoades Fayerweather. Mrs. Fayerweather was Josephine Kirby-Smith, class of 1906, Johns Hopkins Hospital.

ON October 31, at Orlando, Fla., a son, to Mr. and Mrs. W. A. Robison. Mrs. Robison was Miss Bartels, graduate of the Hahnemann Hospital Chicago.

ON November 12, at St. Louis, a daughter to Mr. and Mrs. Fred. Frike. Mrs. Frike was Emily J. Crane, class of 1897, St. Luke's Hospital, St. Louis.

MARRIAGES

ON December 31, at Los Angeles, Cal., Grace K. Yaley, class of 1906, Lancaster General Hospital, Lancaster, Pa., to Charles Franklin Harrington. Mr. and Mrs. Harrington will live in Taft, Cal.

ON January 20, at Bakersfield, Cal., Annie E. Julian, class of 1910, St. Mary's Hospital, San Francisco, Cal., to William Rouke. Mr. and Mrs. Rouke will live in Maricopa, Cal.

ON January 20, at Bakersfield, Cal., Gertrude Coleman, class of 1910, St. Mary's Hospital, San Francisco, to Jack Wall. Mr. and Mrs. Wall will live in Mexico.

ON January 22, in Saginaw, Mich., Theresa Flanagan, class of 1910, St.

Mary's Hospital, Detroit, to Frederick Schneider. Mr. and Mrs. Schneider will live in Saginaw.

ON December 19, at Stockton, Cal., Isabella C. Van Houten, class of 1905, New York City Training School, to Nellis Nelson. Mr. and Mrs. Nelson will live in Stockton.

ON November 9, at Los Angeles, Cal., Amanda C. Knapp, graduate of the Illinois Training School, Chicago, to James Nelson Snyder. Mr. and Mrs. Snyder will live in Glendale, Cal.

ON December 28, at Highland Park, Ill., Kathleen MacBride Darragh, graduate of the Illinois Training School, Chicago, to Herbert Milton Johnston.

ON December 21, at Fond du Lac, Wis., Guinevieve Mihils, graduate of St. Luke's Hospital, Chicago, to W. A. Mowry, M.D. Dr. and Mrs. Mowry will live in French Lick, Ind.

ON December 21, at Chesterfield, Ontario, Effie E. Bell, class of 1907, St. Louis Training School, to Addison H. Baird.

ON December 25, at Heafer, Ark., Anna H. Metzger, class of 1899, St. Louis Training School, to Stephen Blacet, Jr.

ON December 25, in St. Louis, Julia H. McCorbrey, class of 1901, St. Louis Training School, to Millard F. Howard.

IN Chicago, Gertrude I. Holdredge, graduate of the Hahnemann Hospital, to Walter Emerson. Mr. and Mrs. Emerson will live in Simpson, Ill.

ON November 16, Myrtle Burford, class of 1908, St. Luke's Hospital, St. Louis, to William McKenzie. Mr. and Mrs. McKenzie will live in Springfield, Ill.

ON January 15, at Unionville, Mo., Ora Skipper, class of 1907, St. Luke's Hospital, St. Louis, to Henry Love. Mr. and Mrs. Love will live near Worden, Ill.

ON January 20, at Hartford, Conn., Elizabeth McKechnie, graduate of the Hartford Hospital Training School, to Hugh Ritchie Tait. Mr. and Mrs. Tait will live in Bridgeport.

IN December, in North Carolina, Clyde Dawson, class of 1908, Maryland University Hospital, to Frank S. Lynn, M.D. Dr. and Mrs. Lynn will live in Baltimore.

IN December, Gertrude Tews, class of 1909, Maryland University Hospital, to Lewis H. Cole. Mr. and Mrs. Cole will live in Jessop, Md.

ON November 28, Mary L. Harris, University Hospital, to C. B. Eddy, M.D. Dr. and Mrs. Eddy will live in Louisville.

ON December 31, at Winslow, Ind., Mrs. Andie Grenum, graduate of the Gray Street Infirmary, Louisville, to J. W. McGarran, M.D. Dr. and Mrs. McGarran will live in Oakland City, Ind.

ON February 3, at Belle Centre, Ohio, Helen Darling Humphreys, class of 1905, Grace Hospital Training School, Detroit, to Cecil Gardner Hughes. Mr. and Mrs. Hughes will live in Jackson Centre, Ohio.

ON January 22, in Indianapolis, Mary A. U. Kessler, class of 1909, I. S. S. H. Hospital, Lafayette, Ind., to George H. Wagner. Mr. and Mrs. Wagner will live in Tulsa, Okla.

ON December 10, at Jasper, Ind., Clyda Greene, class of 1912, City Hospital, Indianapolis, to Ross Greene. (Mr. Greene was fatally injured and died, three weeks after their marriage.)

DEATHS

On January 15, Anna G. Davis, class of 1893, The Woman's Hospital, Philadelphia.

On January 20, at her home, Williamsport, Pa., Jean Gibson Parsons, class of 1905, Protestant Episcopal Hospital in Philadelphia, after months of illness.

On January 2, at her home, Binghamton, N. Y., Isadora Flood, a member of the senior class of the Taunton State Hospital, Mass. Miss Flood had been called home to care for her father in serious illness. Her classmates feel that they have lost one whose ability and beautiful life would have made her useful to many.

On January 28, at the City and County Hospital, Denver, Laura Louise Singleton. Miss Singleton was a graduate of the Colorado Training School, class 1910, and has done both general and institutional nursing. About ten months after graduating she was severely burned with carbolic acid, superinducing an attack of nephritis. Since then she has made a brave fight to regain her health, but from last September has been confined to bed, and has been most faithfully nursed by her classmates and friends in the nursing profession. During her severe and painful illness she was always cheerful and brave.

On December 6, in Muskogee, Okla., Rose Smith. Miss Smith was a graduate of the Farrand Training School, Detroit, class of 1898, and was for six years secretary and treasurer of the Wayne County Nurses' Association. She did visiting and tuberculosis nursing in Detroit, and then went to Oklahoma to organize visiting nurse work in Muskogee. She was most faithful in all her work and her loss is deeply mourned by all who knew her.

On January 18, at Charter Oak Hospital, Hartford, Conn., after an illness of twelve weeks, Mrs. Harriet Cadwell Humphrey. Mrs. Humphrey was a graduate of Hartford Hospital Training School, class of 1901, and for six years was assistant superintendent of the Litchfield County Hospital. She is deeply mourned by her classmates and friends.

On January 20, at the M. E. Hospital, Indianapolis, Lida Clay Wingate, class of 1912, of the same hospital. Burial was at Albany, Ind., Miss Wingate's home.

On January 24, at the Rhode Island Hospital, Providence, R. I., Hilda C. Erickson, after a week's illness with pneumonia. Miss Erickson graduated from the hospital a year ago and had since served as head nurse of the infants' ward. Her particularly sweet and gentle nature endeared her to her associates. Her loss is felt very deeply by her many friends. Interment, on January 28, was from her late home in Worcester, Mass.

On February 17, in New York City, Frances Black, superintendent of Flower Hospital. Miss Black had been ill for only a few days with pneumonia. She was a graduate of the Homeopathic Hospital, Rochester, and had held positions at the Utica Homeopathic Hospital, the Buffalo Homeopathic Hospital, and at the S. R. Smith Infirmary, Staten Island, before going to New York. She had always taken an active part in state and national association work, and had been for years a member of the National League for Nursing Education.

BOOK REVIEW



IN CHARGE OF

M. E. CAMERON, R.N.

A HISTORY OF NURSING, edited, and in part, written by Lavinia L. Dock, R.N., Secretary of the International Council of Nurses, Graduate of Bellevue Training School, New York City. In four volumes. Volumes III and IV, price, \$5.00; or \$10.00 the set. G. P. Putnam's Sons, 2-4-6 West 45th St., New York.

The two final volumes of this truly great work come six years after the two early numbers of the book, which brought the history down to modern times and to the problems of the present day. To properly appreciate the tremendous achievement that the work represents, one must bear in mind the difficulties that were encountered in collecting data from world-wide sources. Miss Dock says this would have been impossible, in the time at her disposal, had it not been for the opportunities presented by the International Council of meeting representative nurses from almost all parts of the world. Miss Nutting, who was joint author with Miss Dock in the first two volumes, was obliged to withdraw from the work when they were finished, but she gratefully shares honors with a long list of those who have assisted her with material, etc., in the last two volumes. "The Story of the Nurses of Great Britain and Ireland," makes exciting reading, although the struggle is largely carried on in England—neither Ireland nor Scotland having been called to such strenuous encounter as yet. England has been the scene of desperate struggles for organization. Led by Mrs. Bedford Fenwick, the English nurses have fought a long and hard battle for self-government and economic emancipation. "In no other country, have trained nurses in their work for legal status, had to contend for so many years with the misrepresentations and hostility of the non-professionally interested nursing press. If the story of the struggle for nursing organization in the United Kingdom serves as a lesson to the nurses of other nations, in showing them where their strength and weakness lie, the quarters from which opposition will inevitably arise, and the tenacity of purpose, courage, and self-sacrifice, needed by those who take the work of woman's organization in hand, this chapter of nursing history will not have been written in vain," so says Miss Dock in summing up the situation in Great Britain; and indeed the struggle which the various states have witnessed over the question of registration in our own country seems to be mild and charitable when compared with the bitterness and venom called forth by the same questions in England. The contrast between nursing in the northern

countries of Europe and nursing in France and Spain opens up the way for more discussion than space allows, but one must not fail to give it careful reading.

Nursing in the United States must interest us all because there are still so many who have lived that part of the history. There is also a long roll call of those who have passed on, whose names as we read them call up kind memories. Many of them indeed were the founders and organizers of our present state and national associations; needless to say, the name of Isabel Hampton Robb heads the list. Special prominence is given to the work of establishing self-governing organizations, and to state registration. The development of nursing in its many branches the author does not dwell on, as she says that these special lines have their own records and their own histories. Again, "Many problems of great professional importance, such as private nursing with its attendant evil of commercial agencies, and its hopeful outlook, through central, professionally controlled clubs and directories; institutional work and its status, and even more serious, the vast influx of young girls of faulty rearing and imperfect education into nursing, with the consequent dilution of standards,—many such problems have been left untreated, not because their importance has been overlooked, but for want of space to do them justice." "Such problems are always with us and in our professional press we have a forum for their discussion."

"The advance in self-governing organization on the other hand with its plea for state registration may be thought to have an undue share of space, but this movement is new and of great significance, resulting from the incessant efforts of women who have had no time to write down the history they have made and are busy making." But while the problems that we of the English-speaking countries have to deal with are of paramount importance, the experiences of those countries where history has not advanced beyond beginnings are fascinating reading—pioneer work is still calling for volunteers and opportunities for service are to be found in many different parts of the world. In Labrador, in the Far East, in Africa, in the Philippines, in the beautiful old hospitals of Italy and Spain where alas the nursing is so far behind—space forbids us to linger over the many fascinating features of the book but we must call attention to Miss Dock's splendid generosity in donating the proceeds of these last two volumes to the cause so dear to her heart. A note faces the dedication, "To the members of the nursing profession" and reads as follows: "The work of preparing Vols. III and IV has been contributed for the service of the nursing profession, and the amount accruing from the sales is to be contributed to the fund of the International Council of Nurses."

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NO. 7

EDITORIAL COMMENT



NURSES IN SUFFRAGE PARADE

ALL members of the American Nurses' Association, whatever their sentiments in regard to equal suffrage, will read with intense interest Miss McIsaac's description of the experience of the nursing section of the suffrage parade on March 3, in Washington. Because the American Nurses' Association, of which this JOURNAL is the official organ, has voted in favor of equal suffrage, we publish it here, in order to give the magazine's endorsement to the sentiments she expresses.

" MARCH 3, 1913.

" Doubtless there are many nurses in all parts of the country, who, when they read the daily papers of March 4, and since, have wondered how the nurses' section fared in the woman's suffrage pageant the day before the inauguration of a new President. We were a small group, only about forty, although there were several nurses who marched with their own state suffrage leagues. Our place was very properly immediately following the home-makers who were near the allegorical floats at the head of the procession. None of us could describe the pageant, because we did not see it; the most we saw was a spot of beautiful lavender color, which we knew was the home-makers' section, ahead, and we knew that just behind us followed many other hundreds of college women in their academic caps and gowns.

" Our costume closely resembled the outline of all the others but differed in color. Our cape which reached the knees was of light gray cloth with a touch of red at the neck, and there was a soft round turban